



Arizona Department of Education  
 CHILD AND ADULT CARE FOOD PROGRAM  
 SUMMER FOOD SERVICE PROGRAM (SFSP)  
**SITE APPLICATION AND BUDGET**  
 (Please TYPE or PRINT Clearly)

1. Name of Sponsor:		2. Name of Site:	
3. Street Address of Site (where children are fed) Include street, city, state & zip code			4. County:
5. Site Supervisor's Name:		6. Site Supervisor's Position:	7. Site Supervisor's Email address:
8. Site Supervisor's Telephone Number: ( ) -		9. Site Supervisor's Fax Number: ( ) -	
10.a. Site Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban		10.b. Urban sites and sponsors with more than one site: Describe the geographical boundaries served and attach a map with the boundaries marked. If the boundaries overlap, include a brief statement indicating the necessity for each site.	
11. Site Type (choose only one) <input type="checkbox"/> Open Site Using School Data Percentage of Students Eligible for Free or Reduced Priced Meals: _____ % School Name: _____ District Name: _____ <input type="checkbox"/> Open Site Using Census Tract Data (Contact ADE-SFSP for assistance) <input type="checkbox"/> Migrant Site Using Migrant Organization Information (Mail in documentation to ADE-SFSP) <input type="checkbox"/> Enrolled Site (Income Eligibility forms must be collected) Projected # Enrolled in SFSP _____ Projected # Eligible for Free or Reduced price Meals _____ <input type="checkbox"/> Camp – Income Eligibility forms are required) <input type="checkbox"/> National Youth Sports Program that meets income eligibility guidelines of the US Dept of Health and Human Services (DHHS)			
12. Is there regularly scheduled, organized activity at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>If yes a list of the activities is required.</u> Please list below or attach a schedule of daily activities.  			
13. Does the system used to serve meals to children at the site ensure that each child receives a complete meal, and that meals are counted at the point of service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Does the site have the necessary staff and facilities so the meal service is organized and properly supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Leftover meals are handled by <input type="checkbox"/> Discarding <input type="checkbox"/> Storing <input type="checkbox"/> Returning to central kitchen			
16. What method is used at the facilities for holding meals at proper temperatures? <input type="checkbox"/> Delivered within one hour of meal service <input type="checkbox"/> Prepared onsite and held at proper temperature <input type="checkbox"/> Stored properly and at the proper temperature			
17. Sites can adjust meal deliveries by: <input type="checkbox"/> Calling a request into the sponsor <input type="checkbox"/> Writing a request to the sponsor <input type="checkbox"/> Faxing a request into the sponsor <input type="checkbox"/> E-mailing a request to the sponsor <input type="checkbox"/> All methods are used			
18. Is Offer vs Serve requested for this site? <input type="checkbox"/> Yes <input type="checkbox"/> No			

19. Program regulations require that the sponsor conduct a pre-approval visit to the site, before the Arizona Department of Education Health and Nutrition Services -SFSP will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site? (The application will not be processed until a site visit is completed)  
 Yes  No Date of site visit: \_\_\_\_\_

20. Operating Dates  
 Begin Date (First date SFSP meals to be served at site) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 End Date (Last date SFSP meals to be served at site) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

21. Total number of operating days each month: <i>Exclude weekends and holidays if you will not serve meals on those days.</i>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>TOTAL</b>
---	------------	-------------	-------------	---------------	------------------	--------------

22. Meal Service Information:  
**Note:** You may choose a combination of two meals or one meal and one snack per day, with the exception of lunch and supper on the same day. Meals should be served within the normal timeframes.

Meal Type	Preparation Method	Begin Time	End Time	Days Meal Served	Estimated Number to be Served (ADP)	Estimated Number Eligible (Camps Only)	CAP (ADE-SFSP use only)
Breakfast	<input type="checkbox"/> Self Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			M T W TH F S S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AM Snack	<input type="checkbox"/> Self Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			M T W TH F S S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Lunch	<input type="checkbox"/> Self Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			M T W TH F S S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
PM Snack	<input type="checkbox"/> Self Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			M T W TH F S S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Supper	<input type="checkbox"/> Self Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			M T W TH F S S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

23. If central kitchen Meal type was chosen, list the name of the Central Kitchen preparing the food.

24.  Meal Time Waiver is requested.  
 Select this option if you are not a residential camp and you will be serving more than two meal types throughout the duration of your operating dates but will not be serving more than two meals on any given day. (Example: Weeks 1-3 will serve breakfast and lunch. Weeks 4-6 will serve lunch and snack.)

25. How many children can eat at this site at one time? \_\_\_\_\_

26. How many staff members supervise the meal service? \_\_\_\_\_

27. Please list any holidays the site will not be serving or any specific dates during the dates of operation when the site will not be in operation. (i.e., July 4 or every other Friday beginning mm/dd/yy)

28. If this is an outdoor site, where will meals be served during inclement weather (this includes extreme heat)?  
 Please provide the address and procedures for alternate meal service.

29. For Residential and Day Camps only (use additional sheets if necessary)

Session	Begin Date	End Date
1.		
2.		
3.		

30. For Field Trips and Off Site Meals Only (use additional sheets if necessary)		
Field Trip	Date	Meal(Breakfast, Lunch, AM Or PM Snack)
1.		
2.		
3.		
4.		
5.		
31. Comments: (Refer to online form for changes located at <a href="http://www.azsummerfood.gov/sponsors">http://www.azsummerfood.gov/sponsors</a> )		
<input type="checkbox"/> Yes <input type="checkbox"/> No   This site operated last year and is in good standing with the sponsor. I request waiver for the first week monitoring. I certify this site will be monitored within the first four weeks.		
<input type="checkbox"/> I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served and the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.		
Signature of Authorized Sponsor Representative	Title	Date
<b>ADE-SFSP USE ONLY BELOW THIS LINE</b>		
Approval Signature of ADE-SFSP Representative	Title	Date