

## **Summer Food Service Program Application**

**INSTRUCTIONS:** Complete the sponsor information section to represent the organization, then one site application for each location where meals are served (make additional copies as needed). Mail the completed application to *Food and Nutrition Service*, *1500 Highway 36 West, Roseville, MN 55113*, to the attention of: *Applications Team*, along with a complete application packet. For any questions contact Food and Nutrition Service (FNS) at: 1-800-366-8922, 651-582-8526, fax: 651-582-8501 or e-mail: <a href="mailto:mde.fns@state.mn.us">mde.fns@state.mn.us</a>.

Sponsorin	g Organization Information	on		
Sponsoring Or	ganization Name			
Sponsoring Ide	entification (ID) Number (assigned	by FNS)		
Address		City	State	Zip
Contact Perso	n Name	Contact Person Title		
Contact E-mai	I Address			
Telephone Nu	mber	FAX Number		-
Reside	I Food Authority ential Camp Local, Municipal, County, State or	Federal Government copy of Internal Revenue Service 501	с3	
2. Efforts us (check all Resou	(Describe): sed to contact minority and grass that apply): rce and Referral Agencies unity Based Advocacy Groups (Describe):	sroots organizations about the opp  Human Services / Other Go		·
		FSP) Annual – BUDGET INF	FORMATIO	ON
1. Requested	d Administrative Advance:			AMOUNT
June				
July				
•	d Operational Advance:			
June				
July				
August				

2. Projected Income:	AMOUNT
Estimated SFSP Reimbursement	
Other (describe):	
Other (describe):	
3. SFSP Administrative Expenses	AMOUNT
Administrative Salaries and Benefits	
Office Space Rental	
Utilities (administrative only)	
Office Supplies	
Audit Fees	
Transportation Costs	
Communications	
Training Costs	
Office Building Maintenance	
Monitoring Costs (lodging/meals)	
Other Administrative Costs Describe:	
Total Administrative Expenses	
4. SFSP Operational Expenses:	AMOUNT
Food Expenses	
Salaries (site, kitchen, custodial)	
Non-Food Supplies	
Utilities	
Rental (kitchen, truck, equipment)	
Transportation (children, food)	
Other Operational Costs Describe:	
Total Operating Expenses	
TOTAL EXPENSES (Administrative + Operating)	
SPONSORING AUTHORITY CERTIFICATION	
I certify that the information on the application and attachments is true to the best of will be claimed only for meals and snacks served to eligible participants; and that the available to all eligible participants regardless of race, age, color, disability, gender, this information is being given in connection with the receipt of federal funds; that of Agriculture and the Minnesota Department of Education may verify this information; misrepresentation may subject me to prosecution under applicable State and Federal	e programs applied for will be or national origin. I understand that ficials of the U.S. Department of and that all deliberate
Signature of Responsible Authority or Designee	Date
Printed Name and Title of Responsible Authority or Designee	

## SITE IDENTIFICATION INFORMATION (complete one for each site)

Sp	onsoring Organization Name				
Sp	onsoring ID Number (assigned by FNS)				
Site	e Address City		MN Zip		
Site	e Contact Person Name	Site Contact Person Title	9		
Site	e Contact E-mail Address	Site Telephone Number			
1.	Classification of Site:				
	☐ Open ☐ Restricted Open (for safe ☐ Closed Enrolled ☐ Residential Camp ☐ Non-Residential Camp	ty, security or control reaso	ons)		
2.	Site Location:				
	☐ Urban ☐ Rural or Rural Pocket within a Standard Metropolitan Stati	stical area			
3.	3. Site Participation Eligibility: (Check all that apply)				
<ul> <li>☐ Area Eligibility: Select applicable eligibility options below</li> <li>☐ Census Data</li> <li>☐ Public School Data</li> <li>☐ Located in a Qualifying Public School Building</li> <li>☐ Located in a Qualifying Non-Public School Building</li> <li>☐ Bussing from Eligible Areas</li> </ul>					
	Income Eligible: Select applicable eligibility options below				
	<ul> <li>□ 50 percent or more children qualify for free/reduced meals: Documentation maintained by organization</li> <li>□ Certified Migrant: Documentation must be FNS approved</li> </ul>				
	Certification from Tribal Authority or Bureau of Indian Affairs				
	☐ Other public Data (housing, demographics): Documentation must be FNS approved				
4.	Opening Date: Closing Date:				
5.	Maximum daily capacity of the site to prepare, obtain, and/or distribute meals as well as the number of children for which the facilities are adequate (Site Cap):				
6.	Number of operational days in which meals are served per me	onth:			
	January February March April	May	June		
	July August September Octobe	r November!	December		

Summer Food Service Program Application (continued) Page 3 7. Method of Meal Preparation: ☐ Not Served □ Self Preparation Vended Breakfast: ☐ Self Preparation Vended ☐ Not Served Morning Snack: Lunch: ☐ Self Preparation □ Vended ■ Not Served □ Self Preparation Vended ☐ Not Served Afternoon Snack: Supper: ☐ Self Preparation Vended ☐ Not Served ☐ Vended by a non-school food authority Menu Planning Options (check all that apply): SFSP Meal Pattern ☐ Child and Adult Care Food Program Meal Pattern ☐ Infants and/or ☐ Children Ages 1 – 6 ☐ National School Lunch Program and School Breakfast Program Meal Patterns (SFAs only) Meal Type Information (list times in 24 hour/military format, for example 1:30 p.m. would be 13:30) Total Estimated Children Served: Beginning time (hh:mm): Ending time (hh:mm): Breakfast Morning Snack: Lunch: Afternoon Snack: Supper: SITE APPLICATION CERTIFICATION

I certify that the information on the application and attachments is true to the best of my knowledge; that reimbursement will be claimed only for meals and snacks served to eligible participants; and that the program will be available to all eligible participants regardless of race, age, color, disability, gender, or national origin. I understand that this information is being given in connection with the receipt of Federal funds; that officials of the U.S. Department of Agriculture and the Minnesota Department of Education may verify this information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Responsible Authority or Designee	Date	

Printed Name and Title of Responsible Authority or Designee