

Summer Food Service Program (SFSP) Initial Site Application

Please complete a separate Initial Site Application for each additional site

A. Sponsor/Site Information

Sponsor Name: _____ Sponsor Number: _____
Site Name: _____ Site Number: _____

B. Mailing Address

Address: _____
Address (continued): _____
City: _____
State: _____ Zip: _____
County: _____

C. Street Address

Address: _____
Address (continued): _____
City: _____
State: _____ Zip: _____
County: _____

Check if the street address is the same as the mailing address.

D. Site Supervisor

Name: _____ Fax: _____
Title: _____ E-mail: _____
Phone: _____ Ext: _____ Contact Address: Mailing Address
Alternate Phone: _____ Ext: _____ Street Address

E. Site Qualification

Site Type:

Open Site Using School or School Boundary Data. Year of documentation: _____

If using school data, complete the following:

_____ + _____ = _____ ÷ _____ = _____

Reduced Price Students + Free Students = Total Reduced Price/Free ÷ Total Enrollment = Percent Eligible
School name OR boundaries of area to be served: _____

Open Site Using Census Block Group or Census Tract Data. Specify the GEO ID Number: _____

Open Site Using Community Eligibility

Migrant Site. Submit documentation from a migrant organization.

Site Operated by a Tribal Organization

Enrolled Site. Applications documenting eligibility of enrollees are collected and/or on file.
Estimated number of eligible children: _____

Residential Camp. Applications documenting eligibility of enrollees are collected and/or on file.
Estimated number of eligible children: _____

Nonresidential Camp. Applications documenting eligibility of enrollees are collected and/or on file.
Estimated number of eligible children: _____

National Youth Sports Program. Applications documenting eligibility of enrollees are collected and/or on file or Another method of documentation is used. If another method is used, explain:

Estimated number of eligible children: _____

F. Operating Dates

Begin Date: _____ End Date: _____

Number of Operating Days:

May: _____ Jun: _____ Jul: _____ Aug: _____ Sep: _____ Oct: _____
 Nov: _____ Dec: _____ Jan: _____ Feb: _____ Mar: _____ Apr: _____

Total Operating Days: _____

G. Days of Operation

Mon Tues Wed Thurs Fri Sat Sun

Yes No Are all meal types selected below (in Part H) available every day? If not, describe any variations in the meal service schedule.

H. Meal Service

Meal Type	Menu Planning Option: See codes listed below.	Offer or Serve	Shift Feeding Yes or No	Begin Time	End Time	Anticipated Daily Attendance	Self-Prep or Vended	Total Days Served
<input type="checkbox"/> Breakfast								
<input type="checkbox"/> AM Snack		Serve						
<input type="checkbox"/> Lunch								
<input type="checkbox"/> PM Snack		Serve						
<input type="checkbox"/> Supper								

Menu Planning Option Codes – Enter one of the following codes for each meal type selected in the above table.
 SFSP = Summer Food Service Program Pattern
 NSLP/SBP = National School Lunch Program/School Breakfast Program

Does this site have a Kansas Food Establishment License? Yes No

If yes, date of last inspection: _____

If yes, provide license number: _____

I. Activities at Site

- Cultural Recreational program
 No organized activities Summer school
 Other – Describe: _____