



100 North First Street, W-270
Springfield, Illinois 62777-0001

SUMMER FOOD SERVICE PROGRAM NEW SITE APPLICATION FORM

NUTRITION DEPARTMENT

Directions: Complete a separate application for each location where a child receives a program meal. Submit completed form to summermeals@isbe.net.

SPONSOR INFORMATION

SPONSOR NAME

AGREEMENT NUMBER

CONTACT PERSON

EMAIL

PHONE (Include Area Code)

SITE INFORMATION

SITE NAME

ANTICIPATED START DATE

END DATE

SITE ADDRESS (City, State, and ZIP Code)

COUNTY

SITE SUPERVISOR

SITE SUPERVISOR TITLE

SITE PHONE NUMBER (Include Area Code)

SITE SUPERVISOR EMAIL

ESTIMATED AVERAGE DAILY PARTICIPATION (ADP)

ESTIMATED HIGHEST DAILY PARTICIPATION (HDP)

The site supervisor must be onsite for the duration of the food service.

1. Is this site legally distinct or unaffiliated from the sponsor? ☐ Yes ☐ No
2. Have site staff received required SFSP training? ☐ Yes ☐ No Date of SFSP training: _____
3. **Meal Service Operation** ☐ Congregate ☐ Non-congregate
4. **Entity Details** ☐ Public ☐ Private nonprofit ☐ Private for-profit
5. **Site Type** ☐ School ☐ Migrant ☐ Camp ☐ Other (specify) _____
6. **Enrollment Type** ☐ Open ☐ Closed
7. **Program Eligibility** ☐ School data ☐ Census data ☐ Income applications ☐ Other (specify) _____
8. **Planned Meal Service(s)** ☐ Breakfast ☐ Lunch ☐ Supper ☐ A.M. Snack ☐ P.M. Snack
9. **Method of Meal Preparation** ☐ Self-preparation ☐ Vended

If this location participates in both the Child and Adult Care Food Program and SFSP, you will be required to complete a Clarification of Participation form with your application to ensure that the same children are not served meals in both programs; separate records must be kept for each program.

☐ I certify that the above information is correct.

Digital or Original Signature from
SPONSOR CONTACT

DATE