

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	

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

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

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.

_____ DATE

Digital or Original Signature from
SPONSOR CONTACT