Minnesota Department of Education

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: mde.fns@state.mn.us.

Sponsoring Organization Information

Sponsoring Organization Name: _____

Sponsoring ID Number (assigned by FNS): _____

Address:_____ City:_____ State____ Zip Code_____

Contact Person Name:_____ Contact Person Title:_____

Contact E-mail Address:_____

Telephone Number: _____ FAX Number:_____

1. **Type of Sponsor:**

   ☐ School Food Authority

   ☐ Residential Camp

   ☐ Unit of Local, Municipal, County, State or Federal Government

   ☐ Private Non-Profit Organization - submit copy of Internal Revenue Service 501c3

   ☐ Other (Describe): _____

2. **Efforts used to contact minority and grassroots organizations about the opportunity to participate (check all that apply):**

   ☐ Resource and Referral Agencies ☐ Human Services / Other Government Agencies

   ☐ Community Based Advocacy Groups ☐ Media

   ☐ Other (Describe): _____

Summer Food Service Program (SFSP) Annual – BUDGET INFORMATION

1. Requested Administrative Advance:	**AMOUNT**
June	
July	
Requested 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	$ 0.00

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	$ 0.00
TOTAL EXPENSES (Administrative + Operating)	$ 0.00

SPONSORING AUTHORITY 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 programs applied for 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 all 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

SITE IDENTIFICATION INFORMATION (complete one for each site)

Sponsoring Organization Name: _____

Sponsoring ID Number (assigned by FNS): _____

Site Address:_____ City_____ State_____ Zip_____

Site Contact Person Name:_____ Site Contact Person Title:_____

Site Contact E-mail Address:_____ Site Telephone Number: _____

1. Classification of Site:

   ☐ Open
   ☐ Closed Enrolled
   ☐ Non-Residential Camp
   ☐ Restricted Open (*for safety, security or control reasons*)
   ☐ Residential Camp

2. Site Location**:**

   ☐ Urban
   ☐ Rural or Rural Pocket within a Standard Metropolitan Statistical area

3. Site Participation Eligibility: (Check all that apply)

   ☐ Area Eligibility: Select applicable eligibility options below
      - ☐ Census Data
      - ☐ Public School Data
      - ☐ Located in a Qualifying Public School Building
      - ☐ Located in a Qualifying Non-Public School Building
      - ☐ Bussing from Eligible Areas

   ☐ Income Eligible: Select applicable eligibility options below
      - ☐ 50 percent or more children qualify for free/reduced meals: *Documentation maintained by organization*
      - ☐ Certified Migrant: *Documentation must be FNS approved*
      - ☐ 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 month:

   ____ January ____ February ____ March ____ April ____ May ____ June

   ____ July ____ August ____ September ____ October ____ November ____ December

7. Method of Meal Preparation:

Breakfast:	☐ Self Preparation	☐ Vended	☐ Not Served
Morning Snack:	☐ Self Preparation	☐ Vended	☐ Not Served
Lunch:	☐ Self Preparation	☐ Vended	☐ Not Served
Afternoon Snack:	☐ Self Preparation	☐ Vended	☐ Not Served
Supper:	☐ Self Preparation	☐ Vended	☐ Not Served

If vended: ☐ Vended by a School Food Authority (SFA) ☐ Vended by a non-school food authority

8. 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)

9. 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