

**SFSP Office Use Only**

CT: _____	RPD: _____	Unit: _____	Monitor: _____	Prior Partner: _____	<b>Site No. _____</b>
		Trash: _____	Refrig.: _____	Agency Code: _____	<b>MARS Number _____</b>
NOD: June _____	July _____	Aug _____	Site Type (Open/Closed) _____	Area Eligible School Number and Name _____	% FARMs _____

Baltimore Housing Office of Community Services  
**SUMMER FOOD SERVICE PROGRAM (SFSP) 2018 APPLICATION**

**The Summer Food Service Program will operate from June 18 through August 31, 2018 (54days).**

Return by **May 1, 2018** to:

**Summer Food Service Program**  
 1135 North Gilmore Street  
 Baltimore, MD 21217

Contact us at: 410-396-0773

FAX 410-383-1926

[www.dhcd.baltimorehousing.org/food](http://www.dhcd.baltimorehousing.org/food)

**INSTRUCTIONS:** Please complete the entire application. **Incomplete** applications *will not* be processed. Submission after the due date may result in delayed meal deliveries for your site.

## 1. GENERAL INFORMATION

Did this site previously participate in the SFSP? **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

If **YES**, what was the latest year of participation? **Year:** \_\_\_\_\_ **Site Number:** \_\_\_\_\_

**A. Site Name:**

**B. Site Address (where meals will be SERVED):**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Site Phone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**D. Mailing Address (where correspondence will be received before and after program dates):**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**E. On-Site Contact Person:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**F. Which best describes your site location? Please check only one (1).**

Government Building _____	Community Center _____	Religious Building _____
Library _____	Park _____	Upward Bound _____
College / University _____	Private School _____	Baltimore City Public School _____
Other (please specify) _____		

**G. What is the name of the Baltimore City Public School that is nearest to your site?** \_\_\_\_\_

**H. Does your site participate in the USDA-sponsored Child and Adult Care Food Program (CACFP) during the school year?** YES \_\_\_\_\_ NO \_\_\_\_\_

**I. Is your site a Youthworks site?** YES \_\_\_\_\_ NO \_\_\_\_\_

## 2. SITE MEAL ORDERING

**A. Breakfast starting date:** \_\_\_\_\_ **Breakfast ending date:** \_\_\_\_\_

**Lunch starting date:** \_\_\_\_\_ **Lunch ending date:** \_\_\_\_\_

**B. Check the boxes next to the days of the week that meals will be served.**

**Breakfast** Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐

**Lunch** Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐

**C. Are you willing to serve meals to children not enrolled in your site's program (walk-ins)?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If **YES**, referrals may be made to your site.

- D.** Estimate the **total** number of children that you plan to serve daily. All children 18 years of age and younger, including youth workers, may be included in this number. You must serve a **minimum of 10 children** in order to participate in the program. ***The SFSP staff reserves the right to limit the number of meals delivered to you.***

**Daily Number for Breakfast:** \_\_\_\_\_

**Daily Number for Lunch:** \_\_\_\_\_

- E.** Estimate the numerical attendance by race / ethnic identity.

Hispanic or Latino \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Asian \_\_\_\_\_

American Indian / Alaska Native \_\_\_\_\_  
Native Hawaiian / Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

- F.** How will you safely store meals upon delivery, maintaining proper temperatures? All components of the meal must be refrigerated, if held for more than one (1) hour prior to serving. **Sites without adequate refrigeration may not serve breakfast.** *If you take meals on a trip, you are required to provide your own coolers.*

Do you have refrigerators? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If **YES**, how many? \_\_\_\_\_

Do you have coolers? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ If **YES**, how many? \_\_\_\_\_

- G. Meal Service Times**—Choose one (1) option only. (B= Breakfast, L = Lunch)

**\* If you need a time other than what is listed, please discuss with a Summer Food Service representative.**

**Sites Serving Breakfast and Lunch\***

_____ 7:00-8:00 (B) and 10:00-12:00 (L)	_____ 7:30-8:30 (B) and 10:30-12:30 (L)
_____ 8:00-9:00 (B) and 11:00-1:00 (L)	_____ 8:30-9:30 (B) and 11:30-1:30 (L)
_____ 9:00-10:00 (B) and 12:00-2:00 (L)	_____ 9:30-10:30 (B) and 12:30-2:30
_____ 10:00-11:00 (B) and 1:00-3:00 (L)	

**Sites Serving Breakfast ONLY**

_____ 7:00-8:00	_____ 7:30-8:30	_____ 8:00-9:00	_____ 8:30-9:30
_____ 9:00-10:00	_____ 9:30-10:30	_____ 10:00-11:00	

**Sites Serving Lunch ONLY**

_____ 10:00-12:00	_____ 10:30-12:30	_____ 11:00-1:00	_____ 11:30-1:30
_____ 12:00-2:00	_____ 12:30-2:30	_____ 1:00-3:00	

- H. Delivery Times: Lunch and the next day's breakfast are delivered together.** Deliveries are made between the hours of **7:00 am and 11:00 am**. Delivery times are approximate; we CANNOT guarantee an exact delivery time. *Sites without refrigeration must select a delivery time within ½ hour of lunch service.*

Earliest time you can receive a delivery: \_\_\_\_\_ Latest time you can receive a delivery: \_\_\_\_\_

Preferred delivery time: \_\_\_\_\_

**Special delivery instructions:** \_\_\_\_\_

**3. Do you have adequate means to dispose of trash?** **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

***I certify that the information on this form and subsequent attachments is true to the best of my knowledge, and that I am an authorized representative for this site. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I understand my obligation to disclose any changes of this information to the SFSP as soon as I become aware of them. I also agree to make my program available to all children regardless of sex, age, disability, color, religion, or national origin.***

**Signature of Site Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*The SFSP will contact the above-identified person at the given address, email, and/or phone numbers during the month of April with information regarding training.**