



Arizona Department of Education Summer Food Service Program (SFSP) Sponsor Application Program Year 2016

Name of Sponsoring Organization

CTD #

DUNS #

1. Sponsor Representative

First Name:

Last Name:

Date of Birth:

Title:

Email Address:

Phone:

Ext:

Fax:

2a. Program Contact

First Name:

Last Name:

Date of Birth:

Title:

Email Address:

Phone:

Ext:

Fax:

2b. Monitor Contact

First Name:

Last Name:

Date of Birth:

Title:

Email Address:

Phone:

Ext:

Fax:

3. Physical Address (Street Address, City, State & Zip Code)

Address 1:

Address 2:

City:

State:

Zip code:

4. Mailing Address (P.O. Box or Street Address, City, State & Zip Code)

Mailing Address is same as Physical Address

Address 1:

Address 2:

City:

State:

Zip code:

5. Menu Planning and Preparation

Method of Meal Preparation:

If Method of Meal Preparation is Self-Preparation, where are meals prepared?

Information for Vended Sponsors:

If food is prepared at a vendor kitchen (Food Service Management Company or School Food Service Authority) or at a central kitchen (serving more than one site), complete the Vendor Information form.

6. Identify the date the following minimum required topics training sessions for administrative and site personnel will be held:

Training Date:

Minimum required topics include:

- * Purpose of the Program
- * Meal Pattern Requirements
- * Site Eligibility
- * Site Operations
- * Recordkeeping
- * Duties of Monitor
- * Civil Rights

7. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance and will incorporate them into program operations.

For example:

1. Monitor sites and note areas of non-compliance
 2. Discuss problems with site supervisor
 3. Recommend corrective action
 4. Follow-up in one week to assure corrections are made
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8. Has the applicant organization ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any other Child Nutrition Program?

If **Yes**, please submit a written explanation regarding the circumstances to ADE-CACFP/SFSP.

9. Does the applicant organization elect to receive advance payments?

If **Yes**, for which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in any month(s) selected.

June 1st Administrative Operating
July 15th Administrative Operating

Note: Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number you served the previous summer.

10. Will the sponsor accept additional sites that would like to participate in SFSP?

If **Yes**, check the areas where the sponsor will service additional sites.

Greater Phoenix Areas:

- | | | | |
|--|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Apache Junction | <input type="checkbox"/> Avondale | <input type="checkbox"/> Buckeye | <input type="checkbox"/> Cave Creek |
| <input type="checkbox"/> Chandler | <input type="checkbox"/> El Mirage | <input type="checkbox"/> Gilbert | <input type="checkbox"/> Glendale |
| <input type="checkbox"/> Goodyear | <input type="checkbox"/> Laveen | <input type="checkbox"/> Litchfield Park | <input type="checkbox"/> Mesa |
| <input type="checkbox"/> Peoria | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Scottsdale | <input type="checkbox"/> Surprise |
| <input type="checkbox"/> Tempe | | | |

Tucson Area

Rural Communities

Enter specific area(s) below:

Enter specific area(s) below:

APPLICATION COMPLETION

CERTIFICATION STATEMENT

I CERTIFY that all sites have the capabilities and facilities to provide the meal service planned for the number of participants to be served and the information on the Site Information Worksheet(s) is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE

Signature by the Sponsor Representative and/or Program Contact below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. 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 status.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated by the applicant organization (sponsor) at all sites.
5. Reimbursement will be claimed only for meals served to eligible children.
6. Each site will maintain a daily point-of-service meal count for each meal or snack service, which will be collected at least weekly by the sponsor.
7. The Sponsor Representative and Program Contact accept final administrative and financial responsibility for all SFSP operations at the organization's (sponsor's) site(s).

SIGNATURE OF SPONSOR REPRESENTATIVE

TITLE

DATE

SIGNATURE OF PROGRAM CONTACT

TITLE

DATE

ADE-CACFP/SFSP USE ONLY BELOW THIS LINE

APPROVED BY ADE-CACFP/SFSP REPRESENTATIVE

TITLE

DATE