

OHIO SFSP Site Application

Sponsor						
Sponsor Name	Sponsor IRN	Site Name	Site IRN	County	Program Year	Revision No.
					2008	0

Street Address	Sponsor Contact / Site Supervisor
Address 1: <input style="width: 100%;" type="text"/>	Name: <input style="width: 20%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 20%;" type="text"/> <small>(First, MI, Last)</small>
Address 2: <input style="width: 100%;" type="text"/>	E-Mail ID: <input style="width: 80%;" type="text"/>
City: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 30%;" type="text"/> Ext. <input style="width: 10%;" type="text"/>
State: <input style="width: 10%;" type="text" value="OH"/> Zip Code: <input style="width: 30%;" type="text"/>	Fax: <input style="width: 30%;" type="text"/>
County: <input style="width: 30%;" type="text"/> <input type="button" value="v"/>	<input type="radio"/> Rural <input checked="" type="radio"/> Urban

Eligibility Information	
Site Type:	Qualify Using:
<input type="checkbox"/> Open Site <input type="checkbox"/> Restricted Open Site	<input type="checkbox"/> Percent Eligible Based on: <input type="checkbox"/> School Data School Name: <input style="width: 80%;" type="text"/> <input type="checkbox"/> Census Tract/Block Group Census Tract/Block Group Number: <input style="width: 30%;" type="text"/> <input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Closed Enrolled	At least 50% of the enrolled children qualify by: <input type="checkbox"/> Approved Income Eligibility Applications <input type="checkbox"/> Eligibility status certified by school district
<input type="checkbox"/> National Youth Sports Program (NYSP) <input type="checkbox"/> Migrant Site	<input type="checkbox"/> Documentation From Migrant / NYSP Organization
<input type="checkbox"/> Residential Camp <input type="checkbox"/> Non-Residential Camp	Using Approved Income Eligibility Applications Complete Camp section below

Site Operating Days

Beginning Date 

Ending Date 

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

- | | | | | | |
|-----|----------------------|-----|----------------------|-----|----------------------|
| Oct | <input type="text"/> | Nov | <input type="text"/> | Dec | <input type="text"/> |
| Jan | <input type="text"/> | Feb | <input type="text"/> | Mar | <input type="text"/> |
| Apr | <input type="text"/> | May | <input type="text"/> | Jun | <input type="text"/> |
| Jul | <input type="text"/> | Aug | <input type="text"/> | Sep | <input type="text"/> |

Total Days: 

Meals Served Information

Meal Type	Begin Time	End Time	Avg Daily Meals	Cap
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Breakfast	<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
Lunch	<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
Supper	<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
A.M. Snack	<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
P.M. Snack	<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>
Evening Snack	<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>

Meal Preparation Type

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Self Preparation On site | <input checked="" type="checkbox"/> School Food Service - Vend |
| <input checked="" type="checkbox"/> Self Preparation Central Kitchen | <input checked="" type="checkbox"/> Private Non Profit Organization - Vend |

Meal Service Questions

Meal Preparation:

Vended only. Enter Vendor Information:

Vendor Name:

Address 1:

Address 2:

City:

State: Zip Code:

- Yes No Are children supervised during meal service by site supervisor?
- Yes No The site has been visited by sponsor and has the capability and facilities to serve meals for the number of children anticipated?
- Yes No Arrangements have been made for food service during inclement weather.
- Yes No Site Supervisor adjusts meal orders to reflect the number of children participating daily?
- Yes No Site has adequate facilities for holding delivered meals at proper temperature or will serve meals within one hour of delivery.
- Yes No Site has adequate facilities for storing leftover meals or meals are returned to meal preparation kitchen.

Monitoring

List the anticipated dates of the following required visits/reviews:

Pre-Operational Visit
(For New Sites Only)

First Week of
Operation Visit

Not Required

First Four Weeks of Operation Review

Internal Use Only

Operating Dates: Beginning 10/01/2007 Ending 12/01/2007

New Site

Effective Dates: Beginning



Ending



Same As Operating

Approved by Ohio Department of Education

Approval Signature:

Comments:

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