

SITE INFORMATION SHEET
Please submit a sheet for each participating site.

Name of Sponsoring Agency:			
Site Name:		Capacity:	
Complete Address		Ward:	
Contact Name/Number for Site			
Eligibility Determination and Free/Reduced Price Percentage			
Has this site previously participated in the FSMP?	<input type="checkbox"/> Yes -Year:	<input type="checkbox"/> No	For Profit: <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Organized and supervised system for serving meals											
Duty				Person(s) Performing the Duty							
Supervisor											
Food Safety Manager/Handler											
Serves meals											
Record point of service/meal counts											
Set-Up/Clean up											
2. Describe arrangements within the standards prescribed by State or local health authorities, for delivery and holding of meals until the time of meal service and arrangements for storing and refrigerating any leftover meals until the next day.											
3. Describe arrangements for food service during periods of inclement weather.											
4. What means of communication are in place for making necessary adjustments to the number of meals prepared or delivered in accordance with the number of children attending the site on a daily basis?											
5. Describe meal service procedures for during field trips (ie. food storage, transportation and meal counting)											
6. a. Type of site:		<input type="checkbox"/> Open		<input type="checkbox"/> Open Restricted /Max. capacity_____		<input type="checkbox"/> Closed/Enrolled		<input type="checkbox"/> Camp			
				<i>Must submit written request w/justification</i>							
b. Food service:		<input type="checkbox"/> Self-preparation			<input type="checkbox"/> Vended / FSMC:_____						
c. Meal Times: Start - End		<input type="checkbox"/> Breakfast:		<input type="checkbox"/> AM Snack		<input type="checkbox"/> Lunch		<input type="checkbox"/> PM Snack		<input type="checkbox"/> Supper	
d. Days Served:		Sun <input type="checkbox"/>		Mon <input type="checkbox"/>		Tue <input type="checkbox"/>		Wed <input type="checkbox"/>		Thur <input type="checkbox"/>	
		Fri <input type="checkbox"/>		Sat <input type="checkbox"/>							
7. Does this site serve homeless children?				<input type="checkbox"/> Yes		<input type="checkbox"/> No					
If Yes, provide sufficient information to indicate that the site is not a residential child care institution.											

CERTIFICATION AND STATEMENT OF ASSURANCE: I certify that the information submitted on this Application, including attachments, is true and correct and am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. I assure that all children will be served the same meals, that there will be no discrimination in the course of the food service, and that if not a camp, the meals served will be free at all sites.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Authorized Meal-Site Representative	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name and Title	