

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS**

**SUMMER FOOD SERVICE PROGRAM (SFSP)  
APPLICATION ADDENDUM**

- Pre-approval site visit waived; returning site in good standing
- Serving infants under 12 months of age waiver

**SPONSOR**

1. If your organization is non-profit, is it registered with the Oklahoma Secretary of State?  
 Yes       No

If Yes, send Secretary of State documentation to the State Agency.

2. Enter the physical location of the SFSP records.

\_\_\_\_\_

3. List the daily office hours (for review of records). \_\_\_\_\_

**PROGRAM INFORMATION**

1. Enter address where food is prepared.

\_\_\_\_\_

2. List the operating hours for food preparation. \_\_\_\_\_

3. Has the Sponsor been found Seriously Deficient in another state?  Yes     No

**PROCEDURES**

1. If food is delivered from a central kitchen, describe the delivery method and delivery route in detail.

2. How will the temperature of the food be controlled during delivery?

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**SITE INFORMATION**

	Last Name	First Name	Phone #	e-Mail address
Site Supervisor				
Contact Person for Site Permission*				

\*Person whom the Sponsor contacted to arrange SFSP service (parks/recreation director, apartment manager, church pastor). **Send a signed Letter of Agreement to the State Agency.**

**SITE PERSONNEL**

Name	Title of Position	Source of Funds	Hourly rate	Scheduled Work Time	TOTAL # of Days for SFSP only

**SITE OPERATIONS**

Self-Preparation

Preparation of food is done at a central kitchen (include physical address).

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Preparation of food is done at this site.

Preparation of food is done at another site (include physical address).

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**SITE OPERATIONS – continued**

Vended

Contract for food preparation with:

Food Service Management Company (FSMC)

School Food Authority (SFA)

Name of FSMC or SFA	Address	Phone	Contact Person

Central Kitchen Personnel (if applicable)

Name	# of Hours	Rate of Pay

Delivery Personnel (if applicable)

Name	# of Hours	Rate of Pay

**PRE-OP VISIT**

If meal service is cancelled due to inclement weather, how is the public notified?

**CIVIL RIGHTS COMPLIANCE**

The Public Release Statement must be submitted to the media and the health department in the area from which the site attendance is drawn, after the application is approved and before the beginning date of operation.

Date of Submission: \_\_\_\_\_

Name of Media Outlet(s): \_\_\_\_\_  
\_\_\_\_\_

Address of Local Health Department:  
\_\_\_\_\_