

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

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

Name of Organization _____

Agreement Number (County/District) _____

- 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, do you have a Certificate of Good Standing from the Oklahoma Secretary of State or if operating in another state, the state in which you are operating? Yes No

If **Yes**, send Secretary of State documentation to the State Agency (SA). If **No**, obtain this document from the Secretary of State and submit to the SA.

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
If Yes, list what state(s) _____

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?

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).

Preparation of food is done at this site.

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

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. A copy of the Public Release Statement must also be sent to the SA with verification of submission to both media and health department.

Date of Submission: _____

Name of Media Outlet(s): _____

Address of Local Health Department:
