**SPONSOR/SITE AGREEMENT**

**FOR SUMMER FOOD SERVICE PROGRAM**

Name of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person named above as Site Supervisor agrees to:

1. Serve meals to all needy children 18 years of age and under for persons 19 and over who are mentally or physically disabled and participating in a public or private non-profit school program for the mentally or physically disabled.
2. Serve meals that meet the minimum meal patter requirements.
3. Provide adequate supervision during the meal service.
4. Maintain and submit promptly such reports and records that the sponsor requires.
5. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
6. Report any other problems regarding the meal services.
7. Attend sponsor training sessions.

The person named above as Site Manager agrees to:

1. Allow the Sponsor to use their facility to serve meals to all needy children 18 years of age and under for persons 19 and over who are mentally or physically disabled and participating in a public or private non-profit school program for the mentally or physically disabled.
2. Report to the Sponsor and State Agency (405-521-3327) any changes in the number of days or meals being served.
3. Report to the Sponsor and State Agency any problems regarding meal service.
4. Comply with Civil Rights laws and regulations.

**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 statutes.**

Signature of Site Supervisor/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Sponsor’s Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_