

OKLAHOMA STATE DEPARTMENT OF EDUCATION

**SUMMER FOOD SERVICE PROGRAM (SFSP)
ON-SITE SPONSOR PREAPPROVAL VISIT FORM**

DATE OF VISIT: _____ **TIME OF VISIT: From** _____ **To** _____

APPLICANT SPONSOR INFORMATION

Name: _____

Mailing Address: _____

County: _____

Phone Number: _____ Fax Number _____

E-Mail Address: _____

Name of Contact Person: _____

Projected Average Daily Participation (ADP) All Sites: _____

Proposed Dates of SFSP Operation: _____

SITE INFORMATION

Addresses of Proposed Sites: _____

How will meals be provided? (on-site preparation, obtained through vendor, etc.) _____

Describe proposed staffing: _____

Will personnel with food service experience be utilized? _____

If so, indicate the type of experience: _____

If no, explain: _____

SFSP TRAINING

Will all SFP personnel receive training? _____

Name of person that will conduct SFSP training: _____

What training materials have been provided by Child Nutrition Programs (the State Agency) to applicant sponsor? _____

Applicant Name: _____

STATE AGENCY - SFSP RESPONSIBILITIES

Name of Person(s) Responsible for:

Maintaining daily site records: _____

Performing monitor visits: _____

Maintaining documentation for operating/administrative costs: _____

Preparing claims for reimbursement: _____

Maintaining SFSP financial records: _____

Communication between sponsor and State Agency: _____

SPONSOR EVALUATION

Does the applicant sponsor have experience in any Food and Nutrition Service (FNS) programs?

Does the applicant sponsor appear to have sufficient, qualified administrative and site personnel to operate the SFSP? _____

Does any of the information collected during this visit appear to contradict information provided on the application? _____

In the opinion of the State Agency representative, does the applicant appear capable of operating the SFSP?

COMMENTS

Explain any answers that may cause denial of the application for SFSP participation. Also, indicate any suggestions or recommendations that might benefit the applicant sponsor's SFSP participation.

I acknowledge that the State Agency representative provided technical assistance and training in the requirements of the SFSP. I have received SFSP training materials and will use those materials to provide the required training to all SFSP personnel prior to the operation of any approved sites under the sponsor's authority.

Applicant Sponsor Representative Signature

State Agency Representative Signature

Print Name

Print Name

Date

Date