



Virginia Department of Social Services (VDSS)
 Summer Food Service Program (SFSP)
 Site Application

Please complete the following application and return by April 1st. If you have any questions, contact sfsp@dss.virginia.gov. Please complete the entire application.

General Information

Name of Site		
Street Address of Site (Where children are fed)		County
City	State	Zip Code
Site Supervisor's Name		
Site Supervisor's Position	Site Supervisor's E-mail Address	
Site Supervisor's Phone Number	Site Supervisor's Fax Number	
1 st Alternate Site Supervisor's Name		
1 st Alternate Site Supervisor's E-mail Address	1 st Alternate Site Supervisor's Phone Number	
2 nd Alternate Site Supervisor's Name		
2 nd Alternate Site Supervisor's E-mail Address	2 nd Alternate Site Supervisor's Phone Number	

Participation

Did site participate in SFSP last year? Yes No
Is this site a licensed childcare facility? Yes No
Is this a multi-family site (e.g., apartment complex, public housing, ect?) Yes No
If Yes, write the type of multi-family site:
Is this site an academic summer school? Yes No
Do you plan to operate as an open site? Yes No



Meal Preparation

Are the meals prepared on site? (Must have Virginia Department of Health Inspection to prepare meals on-site)	
Yes	No
Are meals delivered to site?	
Yes	No

Site Eligibility

Please List the closest elementary school	Distance from site
Please List the closest middle school	Distance from site

Indoor or Outdoor Site

Is this an indoor or an outdoor site?	Indoor	Outdoor
If this is an outdoor site and meals are served at an alternate indoor site when inclement weather prevents outdoor service give name and address of alternate site:		
Name:	Address:	

Operation Dates

Start date (mm/dd/yy)	End date (mm/dd/yy)
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Enter the number of days the site will operate each month. If your meal service days are sporadic, please send a calendar of the specific dates to sfsp@dss.virginia.gov

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Check all that apply							
Please list if there are special days e.g. holidays that you will not offer meal service.							



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Number of days of SFSP Food Service requested each month

Month	May	June	July	August
Days of operation				

Mark meal type(s) to be served at this site

Breakfast	AM Snack	Lunch	PM Snack	Supper
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List the types of scheduled activities at this site

Meal Participation and Estimates

Select up to two meal services. You cannot receive Lunch and Supper. Meal service times must be accurate and followed completely. Site supervisor must be present during the entire meal service.

Participation and meal service times	Estimated Average Daily Participation	USDA Max Daily Participation (CAP)	Time Meal Service Begins	Time Meal Service Ends
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				



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Describe how meals are held until the time of the SFSP Meal Service (e.g., refrigeration, coolers, ho boxes, steam trays).

Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until served	
Yes	No
Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.	
Yes	No

Excess meals or components are: (mark appropriate box)

Discarded?	Stored for the next day?	Returned to vendor or central kitchen?

Indicate other USDA programs in which the site participates (mark all that apply)

None	When SFSP is not operating	When SFSP is operating
National School Lunch Program		
National School Breakfast Program		
Child and Adult Care Food Program		
Food Distribution Program (receive only commodities; no SFSP reimbursement)		
Special Milk Program		

Additional Comments:

Signature of Site Representative

Title

Date