



Thank you for your interest in the Summer Food Service Program (SFSP) under the sponsorship of Cleveland County Schools.

Please complete all sections of the application for consideration. Incomplete applications may delay the start of the program.

**NEW! All meals for the entire county will be provided through the cafeteria at Shelby Middle School.**

Prior to receiving any meals, a site MUST:

- Submit a completed application for approval.
- Provide copies of Government Issued ID or Drivers License for all “serving staff” - *This is required to allow Cleveland County Schools to check the National Sex Offender Registry.*
- Sites are required to conduct background checks on their “serving staff”
  - Documentation must be filed at the site location.
- All site “serving staff” must receive training.
- Training dates are Thursday, May 30, 2019 at 4:00 pm or Tuesday, June 4, 2019 at 10:00 am.

After receiving approval and staff training, a site MUST:

- Order meals for the appropriate number of children at the site.
- Monitor that only persons 18 years old and younger receive meals.
- Ensure that complete meals are served.
- Accurately count and record meals at the point of service for all meals.
- Meal count forms MUST be turned into the cafeteria the next business day.
- Provide supervision to ensure that all meals are eaten at the approved location.
- Field Trips must be approved (2) weeks in advance. A field trip request form must be completed and given to the cafeteria manager (2) weeks in advance.

**Summer Food Service Program (SFSP)  
2019 Site Application**

Meals service available June 17 through August 9, 2019

**APPLICATION DUE Friday, May 3**

**Site Information**

1. Site Location Information

<b>Program Name:</b>	
<b>Site Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>Zip Code:</b>	
<b>Nearest Cross Streets:</b>	

2. Mailing Address: (Check here if same as Site Location)

<b>Street Address:</b>	
<b>City:</b>	
<b>Zip Code:</b>	

3. Site Primary Contact Information

<b>Name (First &amp; Last):</b>	
<b>Email Address:</b>	
<b>Phone (Best Contact Number):</b>	
<b>Fax:</b>	
<b>Position Title:</b>	

4. Site Secondary Contact Information

<b>Name (First &amp; Last):</b>	
<b>Email Address:</b>	
<b>Phone (Best Contact Number):</b>	
<b>Fax:</b>	
<b>Position Title:</b>	

## General Site Information

5. Operation Dates

Beginning Date:  Ending Date:

6. Number of days site will operate and serve each month: (do not count days you will not be serving)

June

July

August

Total:  (add total number of days site will be serving – June, July and August)

7. Check the meal type(s) to be served at this site: (check all that apply):

AM Snack     Lunch     PM Snack

8. Has the site ever participated in the Summer Food Service Program under this Sponsor?  Yes  No

9. Did the site operate last year?  Yes  No

10. Primary service provided by this site:

Recreation

School

Other (Describe):

## Meal Type

### 11. AM SNACK (MUST serve 3 hours prior to the start of lunch.)

Beginning Date:  Ending Date:

Enter the number of days the meal will be served each month:

June  July  August

Days Meals Requested (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday

Meal Time Start:  Meal Time End:

Average Daily Participation:

Indicate if this is an Indoor or Outdoor site (check one):  Indoor  Outdoor

If this is an Outdoor site, indicate your plan for serving meals during inclement weather (check one):

- Move meal service indoors
- Serve under a canopy or other shelter
- Cancel meal service

### 12. LUNCH

Beginning Date:  Ending Date:

Enter the number of days the meal will be served each month:

June  July  August

Days Meals Requested (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday

Meal Time Start:  Meal Time End:

Average Daily Participation:

Indicate if this is an Indoor or Outdoor site (check one):  Indoor  Outdoor

If this is an Outdoor site, indicate your plan for serving meals during inclement weather (check one):

- Move meal service indoors
- Serve under a canopy or other shelter
- Cancel meal service

13. **PM SNACK** (MUST serve 3 hours after to the start of lunch.)

Beginning Date:  Ending Date:

Enter the number of days the meal will be served each month:

June  July  August

Days Meals Requested (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday

Meal Time Start:  Meal Time End:

Average Daily Participation:

Indicate if this is an Indoor or Outdoor site (check one):  Indoor  Outdoor

If this is an Outdoor site, indicate your plan for serving meals during inclement weather (check one):

- Move meal service indoors
- Serve under a canopy or other shelter
- Cancel meal service

14. Indicate any meal service variations (scheduled closures when you will not be serving):

15. Will this site be serving children under age 1 year (infants 0 to 12 months)?  Yes  No

## Site Requirements

16. **Site Serving Staff Background Check Requirement**

Sites are responsible for conducting background checks for all serving staff and having this documentation on file at the site. A copy of a Government Issued ID or Drivers License must accompany this application for all serving staff.\*  
*\*Any of your summer staff currently employed by Cleveland County Schools (CCS) are exempt. They have already had their background check completed by CCS. CCS employee ID's are not required.*

I understand this requirement:

17. MANDATORY TRAINING

<p>All staff responsible for serving and administering the summer meal program must attend training. If training is not attended the site will not be able to participate with the SFSP program. Training will be approximately one hour. Training will be held at Cleveland County Schools 400 W. Marion St. Shelby, NC 28150</p>	<p>I understand this requirement:  <input type="checkbox"/></p>
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18. List names of your site servers with a contact phone number and / or email address.

NAME	PHONE #	EMAIL

19. Please check which training date will be attended and include the number of people that will attend:

**Thursday, May 30 at 4:00 pm**  
 Number of people attending:

**Tuesday, June 4 at 10:00 am**  
 Number of people attending:

20. Please provide any additional information concerning your participation this summer.

**RETURN THIS APPLICATION WITH ALL SECTIONS COMPLETED TO:**

**Kim McGinnis**  
**Email: [kimcginnis@clevelandcountyschools.org](mailto:kimcginnis@clevelandcountyschools.org) (preferred)**  
**Fax: 704-476-8308**

**Questions? Contact Kim @ 704-476-8127**