



## **INSTRUCTION FOR COMPLETING SPONSOR SITE APPLICATION**

1. Write in "Department of Education – St. Croix"
2. Leave Blank
3. Write in the name of your site.
4. Write the physical address of your site.
5. Write the City, State, and Zip Code of your Site.
6. Write the name of the individual who will be in charge of this site.
7. Write the telephone number where the site supervisor or official of the site may be reached if necessary.
8. Check **Rural** if your site is **not** located in Christiansted or Frederiksted.  
Check **Non-Rural** if it is.
9. Check **A**
10. Check **B**
11. Check **B**
12. Check any of the six USDA programs listed in which your site participates.
13. Check yes if your site is in operation all year.
14. Check yes if children are at your site all day.
15. Say yes if this site (with this name) participated in the Summer Feeding Program before (any previous year. Say what year)
16. Leave blank. Will be filled in by office.
17. Fill in **month (m), day (d), year (y)** you plan to begin your program (when you begin picking up meals). Fill in month **(m), day (d), year (y)** you plan to close your program (when you stop picking up meals).
18. Fill in the number of days for each month listed on which you plan to operate your program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or  
(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
This institution is an equal opportunity provider





19. Select any one or two meal types of **Breakfast, AM Supplement, Lunch, PM Supplement**. *Under Sponsor Estimate* – Write in number of students you estimate for the meals selected. *Under Serving Time* – Write the time you would like to begin and end each meal you selected. Do Not write in the last two columns (State Office Use Only).
20. Write “Indoors” or if no place in door write “closed”.
21. A. Check Yes or No  
B. If all children cannot eat at one time check yes  
C. Write the number of staff available at meal time.  
D. Check Yes or No  
E. Check if your site has coolers or refrigerators  
F. Write the number of coolers or refrigerators  
G. Check Yes or No if the coolers can store all the meals
22. Write Telephone
  - ✓ Check the box under **CERTIFICATION**
  - Name/Title: Print the name of Site Representative in the space above.
  - Signature: Site Representative is to sign in the above space and date.

**DO NOT WRITE BELOW THE LINE FOR THE SITE REPRESENTATIVE SIGNATURE AND DATE**

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**Virgin Islands Department of Education  
Special Nutrition Programs  
Summer Food Service Program Site Application**

<div>1. Sponsor Name _____</div> <div>2. Agreement No. _____</div> <div>3. Name of Food Service Site _____</div> <div>4. Site Address _____ _____</div> <div>5. City, State, Zip Code _____</div> <div>6. Name of Site Supervisor _____</div> <div>7. Contact Telephone No. _____</div> <div>8. Rural <input type="checkbox"/> or Non-Rural <input type="checkbox"/></div> <div>9. Type of Site (Check One)  ____ A. Open ____ B. Closed Enrolled ____ C. NYSP ____ D. Camp ____ E. Migrant ____ F. Homeless</div> <div>10. Type of Meal Service (Check One)  ____ A. Self-Prep/On Site ____ B. Self-Prep/Satellite ____ C. Satellite</div> <div>11. If answer to 9 is A or B, check one of the following to document that the site is an area in which poor economic conditions exist (<i>at least 50% needy children, see procedures</i>):  ____ A. Census Tract Data (<i>attach copy</i>) ____ B. Socio Economic Survey ____ C. Enrollment Documentation (<i>attach copy</i>)</div> <div>12. Indicate other United States Department of Agriculture (<i>USDA</i>) program in which this site participates.  <input type="checkbox"/> School Breakfast Program    <input type="checkbox"/> National School Lunch Program  <input type="checkbox"/> Child Care Program            <input type="checkbox"/> Food Distribution Program  <input type="checkbox"/> None                                <input type="checkbox"/> Other  <b>NOTE:</b> Sites may not receive simultaneous funding for more than one USDA program.</div>		<div>SITE INFORMATION SHEET</div> <div>19. Type of Meals Served</div> <table><thead><tr><th rowspan="2"></th><th rowspan="2">Sponsor Estimate No.</th><th colspan="2">Serving Time</th><th rowspan="2">No. of Meals Approved</th><th rowspan="2">Approved Vendor Delivery</th></tr><tr><th>Begin</th><th>End</th></tr></thead><tbody><tr><td>Breakfast</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>A.M. Supplement</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Lunch</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>P.M. Supplement</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Supper</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> <div>NOTE: Residential and non-residential camps estimate ELIGIBLES only.</div>						Sponsor Estimate No.	Serving Time		No. of Meals Approved	Approved Vendor Delivery	Begin	End	Breakfast						A.M. Supplement						Lunch						P.M. Supplement						Supper					
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<div>20. Inclement Weather Arrangements: Where will all children eat in instances of inclement weather? (If no alternate arrangements made, indicate site "closed")</div> <div>21. Meal Service:  A. Is there adequate space to serve all children together? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Is there shift feeding? <input type="checkbox"/> Yes <input type="checkbox"/> No C. How many staff will directly supervise the meal service? _____ D. Does the site have refrigeration units? <input type="checkbox"/> Yes <input type="checkbox"/> No E. Cooler(s) <input type="checkbox"/> Refrigerator(s) <input type="checkbox"/> F. How many? _____ G. Is the amount of refrigeration adequate to store all meals through the completion of the meal service? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>																																												
<div>22. Meal Adjustments: Describe the system for communicating meal adjustments between site and sponsor personnel.</div>																																												
<div>CERTIFICATION</div> <div><input type="checkbox"/> I certify that this site has been visited and confirmed that it has the capability and facilities for meal service planned for the number of children anticipated to be served. I further certify that the information on this form and subsequent attachments is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt to Federal Funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The free meals must be made available to all children regardless of sex, age, race, color, disability or national origin.</div>																																												
<div>13. Does this program operate year round? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>14. Is there any regularly scheduled organized activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>15. Has this program participated in the Summer Feeding Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</div> <div>16. Name and Address of Food Preparation Facility</div>																																												
<div>17. Operating Dates (<i>Meals Served to Children</i>): Beginning ____/____/____ Closing ____/____/____                   M D Y                    M D Y</div> <div>18. Number of Operating Days (<i>Meals Served to Children</i>): June____ July____ Aug.____ Sept.____ Total Days _____ <b>Residential Camps Only:</b> Check if open ____ Sat. ____ Sun. Total No. Sat/Sun ____ [Indicate Sat./Sun. dates of operation (month/day)]</div>																																												
<div>Name/Title of Site Representative</div> <div>Signature _____ Date _____</div> <div>Name/Title of Authorized Sponsor/Representative</div> <div>Signature _____ Date _____</div> <div>State Agency Use Only: Percentage of children verified as eligible for free and reduced priced meals _____% Verification source: _____ Socio Eco. Survey _____ Census _____</div> <div>Name/Title of State Agency Representative _____ Date _____</div>																																												

Adopted From MARO Revised 05/15

**SPONSOR/SITE AGREEMENT  
FOR THE SUMMER FOOD SERVICE PROGRAM**

Name of site: \_\_\_\_\_

Address of site: \_\_\_\_\_

Site supervisor/State agency official: \_\_\_\_\_

Telephone: \_\_\_\_\_

The person named above agrees to:

1. Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).
2. Serve meals that meet the minimum meal pattern 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. Comply with civil rights laws and regulations.
8. Attend sponsor training sessions.

\_\_\_\_\_  
Site Supervisor/State Agency Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Date