School Food Authority

Office of the Insular Superintendent, St. Croix

2133 Hospital Street Christiansted, VI 00822



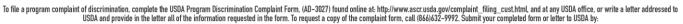
Phone Number: 340-773-1095 Main Extension-7073 Director Extension-7072

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.





The Virgin Islands Department of Education

Office of the Insular Superintendent, St. Croix

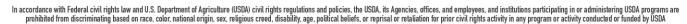
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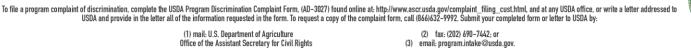
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- 19. Select any one or two meal types of **Breakfast**, AM Supplement, Lunch, **PM Supplement**. *Under Sponsor Estimate* – Write in number of students you estimate for the meals selected. *Under Serving Time* – Write the time you would like to begin 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 REPRESENATIVE SIGNATURE AND **DATE**



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

			SITE INFORMATION SHEET						
1.	Sponsor Name		19. Type of M		State Use Only				
2.	Agreement No.			Sponsor	Serving Time		No. of	Approved	
3.	Name of Food Service Site			Estimate No.	Begin	End	Meals Approved	Vendor Delivery	
4.	Site Address		Breakfast		Digin	Ziiu			
			A.M.						
5.	City, State, Zip Code		Supplement Lunch						
6.	Name of Site Supervisor		P.M.						
7.	-		Supplement						
	Contact Telephone No.		Supper						
8.	Rural or Non-Rural		NOTE: Residential and non-residential camps estimate ELIGIBLES only.						
9.	Type of Site (Check One)	10. Type of Meal Service (Check One)	20. Inclement Weather Arrangements: Where will all children eat in instances of inclement weather?						
	_A. Open	(If no alternate arrangements made, indicate site "closed") 21. Meal Service:							
B. Closed EnrolledB. Self-Prep/SatelliteC. NYSPC. Satellite									
	_D. Camp	A. Is there adequate space to serve all children together? □Yes □ No B. Is there shift feeding? □Yes □ No C. How many staff will directly supervise the meal service? D. Does the site have refrigeration units? □Yes □ No							
	_E. Migrant F. Homeless								
11.	If answer to 9 is A or B, chec								
that the site is an area in which poor economic conditions exist (at			E. Cooler(s) Refrigerator(s) F. How many?						
	least 50% needy children, see	G. Is the amount of refrigeration adequate to store all meals through the							
 A. Census Tract Data (attach copy) B. Socio Economic Survey C. Enrollment Documentation (attach copy) 			completion of the meal service? □Yes □ No						
12. Indicate other United States Department of Agriculture (<i>USDA</i>) program in which this site participates.			22. Meal Adjus		i.aatima	maal adius	tmanta hativaa	n aita and	
□ School Breakfast Program □ National School Lunch Program			Describe the system for communicating meal adjustments between site and sponsor personnel.						
☐ Child Care Program ☐ Food Distribution Program									
	Ione 🗆 (
NOTE: Sites may not receive simultaneous funding for more than one USDA program.									
13. Does this program operate year round? \Box Yes \Box No			CERTIFICATION ☐ I certify that this site has been visited and confirmed that it has the capability and facilities						
14.	Is there any regularly schedul \Box Yes \Box No	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.							
15.	Has this program participated								
16.	before? \(\begin{aligned} \text{Yes} \text{No When?} \\ \text{Name and Address of Food P} \end{aligned}								
17. Operating Dates (Meals Served to Children):									
1/•	Beginning// Closing//								
M D Y M D Y 18. Number of Operating Days (Meals Served to Children):			Name/Title of Site Representative						
10.	June July Aug Se	Signoture				Data			
Residential Camps Only: Check if open Sat Sun. Total No. Sat/Sun			Signature	Signature Date					
	[Indicate Sat./Sun. dates of operation (month/day)]			Name/Title of Authorized Sponsor/Representative					
			Signature	ignature Date					
			State Agency U	State Agency Use Only:					
			Percentage of children verified as eligible for free and reduced priced meals						
Adopted From MARO Revised 05/15			Name/Title of S	State Agency	Represen	tative	Date		

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