



Summer Food Service Program – 2025 Application

SFSP Office Use Only		Site Number: _____	MARS Number: _____
Unit: _____	Monitor: _____	PreOp Y N	Reason _____
Site Type (Open/Closed) _____		Area Eligible School Number and Name _____	
NOD: June _____ July _____ Aug _____		% FARMS _____	

The Summer Food Service Program will operate from June 16 through August 22, 2025 (48 days) - tentative, pending possible modifications to Baltimore City Schools' calendar.

INSTRUCTIONS: Please complete the entire application. You will be able to make changes to all information in this document at any time after you attend the mandatory training session. **Incomplete** applications *will not* be processed. Submission after the due date may result in delayed meal deliveries for your site.

1. GENERAL INFORMATION

Did this site previously participate in the SFSP? **YES** _____ **NO** _____

If **YES**, what was the latest year of participation? **Year** _____ **Site Number** _____

A. Site Name _____

B. Site Address (where meals will be SERVED):

Address: _____ City: _____ State: _____ Zip: _____

C. Site Phone Number _____ **Site Email** _____

D. On-Site Contact Person: First Name _____ Last Name _____ DOB _____

Cell Phone _____ Home Phone _____ E-Mail _____

E. Additional Staff (optional)

First Name	Last Name	Phone Number	Email Address
1.			
2.			
3.			
4.			
5.			

F. Mailing Address (where correspondence will be received before and after program dates):

Address: _____ City: _____ State: _____ Zip: _____

G. Which best describes your site location? Please check only one (1).

Balt. Public School _____ Private School _____ College/University _____ Upward Bound _____

Library _____ Government Building _____ Community Center _____ Park _____

Religious Building _____ Child Care Facility _____ Facility for the Disabled _____

Other (please specify) _____

H. Will you be serving meals INSIDE a Baltimore City Public School? YES _____ **NO** _____

If YES, which school? _____ In NO, what is the name of the Baltimore Public School that is nearest to your site? _____

I. Does your site participate in the USDA-sponsored Child and Adult Care Food Program (CACFP) during the school year (mainly applies to childcare facilities)? YES _____ **NO** _____

J. Is your site a Youthworks site? YES _____ **NO** _____

"This institution is an equal opportunity provider."

2. SITE MEAL ORDERING

The SFSP will tentatively operate from June 16 through August 22, 2025. There will be no food service on June 19th or July 4th.

A. Breakfast starting date: _____ Breakfast ending date: _____
Lunch starting date: _____ Lunch ending date: _____

B. Check the boxes next to the days of the week that meals will be **served**.

Breakfast Mon. Tues. Wed. Thurs. Fri.
Lunch Mon. Tues. Wed. Thurs. Fri.

C. Meal Service Times (choose only 1 option)

1.	Breakfast ONLY (may not exceed 1 hour)	from _____ to _____
2.	Lunch ONLY (may not exceed 2 hours)	from _____ to _____
3.	Breakfast AND Lunch (B may not exceed 1 hour; L may not exceed 2 hours; there MUST be 3 hours between the beginning of B and L)	
	Breakfast (may not exceed 1 hour)	from _____ to _____
	Lunch (may not exceed 2 hours)	from _____ to _____

D. Are you willing to serve meals to children not enrolled in your site’s program (walk-ins)?

YES _____ **NO** _____ If **YES**, referrals may be made to your site.

E. Serving Estimates Estimate the **total** number of children that you plan to serve daily. All children 18 years of age and younger, including youth workers, may be included in this number. You must serve a **minimum of 10 children** to participate in the program. **The SFSP staff reserves the right to limit the number of meals delivered to you.**

Daily Number for Breakfast: _____ **Daily Number for Lunch:** _____

F. Civil Rights Data

1. Total Enrollment by Ethnicity (numbers must equal total enrollment) Hispanic _____ Not Hispanic _____
2. Total Enrollment by Race (numbers must equal total enrollment)
American Indian/Alaska Native _____ Asian _____ Black _____
Native Hawaiian _____ White _____

G. Refrigeration How will you safely store meals upon delivery, maintaining proper temperatures? All components of the meal must be refrigerated, if held for more than one (1) hour prior to serving. **Sites without adequate refrigeration may not serve breakfast.** *If you take meals on a trip, you are required to provide your own coolers.*

Do you have refrigerators? **YES** _____ **NO** _____ If **YES**, how many? _____
Do you have coolers? **YES** _____ **NO** _____ If **YES**, how many? _____

H. Delivery Times: Lunch and the next day’s breakfast are delivered together. Deliveries are made between the hours of **7:00 am and 11:00 am**. Delivery times are approximate; we CANNOT guarantee an exact delivery time. *Sites without refrigeration must select a delivery time within ½ hour of lunch service.*

Earliest Delivery Time _____ Latest Delivery Time _____ Preferred Delivery Time _____

Special delivery instructions:

I certify that the information on this form and subsequent attachments is true to the best of my knowledge, and that I am an authorized representative for this site. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I understand my obligation to disclose any changes of this information to the SFSP as soon as I become aware of them. I also agree to make my program available to all children regardless of sex, age, disability, color, religion, or national origin.

Signature of Site Representative: _____ **Date:** _____

**The SFSP will contact the above-identified person at the given address, email, and/or phone numbers during the month of April with information regarding training.