

## Summer Food Service Program (SFSP) Application Checklist

Use this checklist to ensure that you have enclosed all required items with your application packet.

Application Item	New Sponsors	Residential Camps	Vended Sponsors	All other Sponsors
Four page Sponsor Application, including budget	X	X	X	X
Name and address of Food Service Management Company or School Food Authority on page 1, Item 11 of the Sponsor Application.			X	
Copy of Food Service Management Company or School Food Authority contract			X	
Two page Site Information Sheet (one for each site)	X	X	X	X
On Site Information Sheet, a description of boundaries of area served by site. If boundaries overlap, include a brief statement indicating the necessity for each site. <b>Applies to multi-site and urban site sponsors only.</b>	X		X	X
Map showing boundaries of area served by site. <b>Applies to multi-site and urban site sponsors only.</b>	X		X	X
Direct Deposit Form (direct deposit is <b>REQUIRED</b> )	X	X	X	X
Policy Statement for New Sponsors of the SFSP	X			
Documentation of Training to Program Personnel. The SFSP requires sponsors to train program personnel prior to the first day of operations. This form may be used as a sign-in sheet for training session(s). Submit this form as soon as training is complete ( <b>claims will not be processed without documentation of training</b> ).	X	X	X	X
Vendor Input Form. All new sponsors must complete this form, along with any previous sponsors that have changes of address, contact, or telephone number.	X			

- ◆ Please be sure all questions are complete and that all the forms have been **signed and dated**.
- ◆ The Site Change Worksheet is for reporting field trips involving all participants; changes in meal times, meal types, or number of children or eligible disabled adults served; change of dates of operation; or sites closing. Please keep the Site Change Worksheet for your use in reporting these changes to our office throughout the summer; please do not return it with your application packet.

### **Be sure to keep a copy of the application for your records.**

Please submit your **original, completed, signed and dated** application packet to the following address by the deadline date that applies to you, as listed in the application cover letter:

Missouri Department of Health and Senior Services  
 Bureau of Community Food and Nutrition Assistance  
 920 Wildwood (for shipping services such as UPS or FEDEX)  
 P.O. Box 570 (for U.S. Mail)  
 Jefferson City, MO 65102

Thank you for your interest in sponsoring the SFSP in your area! If you have any questions about the application forms or the approval process, please call us for technical assistance at our toll-free number, 888-435-1464.