



THE CITY OF EAST ORANGE, NEW JERSEY

DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS

1 FELLOWSHIP CIRCLE

EAST ORANGE, NEW JERSEY 07017

LESTER E. TAYLOR, III

MAYOR

Osner J. Charles
Director

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Summer Food Service Program (SFSP) Site Selection Form

Site Name: _____

Street Address: _____

City, State, Zip Code _____

Telephone Number: _____

Name of Site Supervisor: _____

Types of Meals (Only 2 meal selections per site)

| | Estimate # of Children Daily | Serving Time |
|-----------------|------------------------------|--------------|
| Breakfast | | |
| Lunch | | |
| Dinner | | |
| P.M. Supplement | | |

Site Operation Days

Beginning: ___ / ___ / ___

Closing: ___ / ___ / ___

Meal Service Note: Days of Operation

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Refrigeration on Site

Number of Cooler(s) Commercial Refrigeration(s) Walk-In Refrigeration

| Name/Title of Site Representative | Signature | Date |
|-----------------------------------|-----------|-------|
| _____ | _____ | _____ |

**SUMMER FOOD
SERVICE PROGRAM**

**Sponsor/Site Agreement
for the Summer Food Service Program**

Name of site: _____

Address of site: _____

Site supervisor: _____ 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 non-profit 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

Date

Sponsor

Date