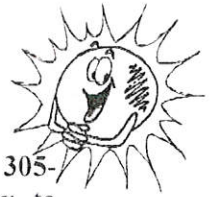


Summer Food Service Program (SFSP) PRE-OPERATIONAL APPLICATION



Complete this application and fax it to The Village Youth Services, Inc. (TVYS) at 305-621-8454 (NOTE: No fax cover page is needed), or e-mail a signed PDF copy to info@villageyouth.org as soon as possible and a representative will contact you. For more information please call our office at 305-621-5836 or 305-621-2666.

The Summer Food Service Program will operate from June 8 to August 21, 2015

PLEASE CHECK THE APPROPRIATE BOX(ES):

- ☐ NEW SITE (Pre-Operational Site Visit Required) ☐ RETURNING SITE
☐ SITE NAME CHANGE ☐ ADDRESS CHANGE (Pre-Operational Site Visit Required)

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

Site Name: <u>Washington Park Community Center</u>	
Site Address: <u>5199 Rembrandt Road</u>	
City: <u>Hollywood</u>	Contact Person: <u>Debra Johnson</u>
Zip Code: <u>33023</u>	Phone#: <u>954-967-4240</u>
County: <u>Broward</u>	Fax#: <u>954-967-4242</u>
E-mail: <u>djohnson@hollywoodfl.org</u>	

1. Please list the name(s) of two public schools nearest to your location. If your site is a public school, just list it.
Orangebrook Elementary West Hollywood Elementary
2. Meal Service Start Date: 6/8/15 Meal Service Ending Date: 8/21/15

3. Type of Site (check one) ☒ Recreation Center ☐ Church ☐ Youth Program ☒ Summer Camp
☐ Park ☐ School ☐ Child Care Center ☐ Public Housing
☐ Other (Specify): _____

4. Names and Title of two (2) people in Charge at Site (MANDATORY):

A. Name 1: Debra Johnson Title: Recreation Coordinator
B. Name 2: Tiney Wright Title: Recreation Aide

5. Time Meals Served: (PLEASE ONLY SELECT TWO (2) MEAL TYPES Below)

Meal Type	Start Time	End Time	Estimated Attendance
Breakfast (1 hr. limit) <i>If receiving breakfast, please ensure that a trained staff person is available to receive it on Friday, June 5th.</i>	<u>7:30a</u>	<u>8:30a</u>	<u>80-100</u>
Lunch (2 hr. limit)	<u>12:00p</u>	<u>2:00p</u>	<u>180</u>
PM Snack (1 hr. limit)			

Sur: Earliest time meals can be delivered to site: 7:00 (AM)



6. Does this site have all of the following for organized meal service under the SFSP?

- | | | | | | | | | | | | |
|--|---|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| <ul style="list-style-type: none"> • Shelter for inclement weather • Telephone • Fully equipped/functioning kitchen facility • Refrigeration and storage space for delivered food • Filing and storage for all records that must be kept at this site | <table style="width: 100%;"> <tr><td>☒ Yes</td><td>☐ No</td></tr> <tr><td>☒ Yes</td><td>☐ No</td></tr> <tr><td>☒ Yes</td><td>☐ No</td></tr> <tr><td>☒ Yes</td><td>☐ No</td></tr> <tr><td>☒ Yes</td><td>☐ No</td></tr> </table> | ☒ Yes | ☐ No | ☒ Yes | ☐ No | ☒ Yes | ☐ No | ☒ Yes | ☐ No | ☒ Yes | ☐ No |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |

7. If your site is receiving **lunch**, check one of the following: ☒ HOT ☐ COLD
8. Is your site considered for-profit? ☐ Yes ☒ No (If yes, please complete the attached "SFSP For-Profit Site Not Financially Benefiting Certificate")
9. Children are supervised during meals by (check all that apply) ☐ Teachers ☒ Aides ☒ Site supervisor
☐ Volunteer ☐ Other _____
10. Does site participate in the USDA Child Care Food Program (CCFP)? ☐ Yes ☒ No
11. Is your program funded by The Children's Trust or Children's Services Council? ☒ Yes ☐ No
12. Will your site operate as a(n): ☒ Open Site (meals served to both program participants and the community)
☐ Open Restricted Site (meals served to program participants and the community, but with safety/space restrictions)
☐ Closed Site (meals only served to program participants)
13. Will your site be open for the July 4th holiday? ☐ Yes ☒ No

Please list below all staff that will be administering the SFSP meals at your site. These are the people who **MUST** attend The Village Youth Services' training.

Site Supervisor Debra Johnson
 Phone# 954 967 4240 Email djohnson@hollywoodfl.org

Assistant Tincy Wright
 Phone# 954 967 4240 Email twright@hollywoodfl.org

Names of all other staff:

Veronica Lynn
Tangela Davis
Ruby Brown

Eligibility Guideline: Site is located in an area where the public school student population is 50% or more free and reduced lunch or all of the children you service qualify for free or reduced lunch. Sites that meet the above criteria are eligible to operate as an "open site" under the Summer Food Program. As an "open site" any child who lives in the vicinity of your site and comes to your site for a meal must be served by your site. All other sites will be notified as to eligibility.

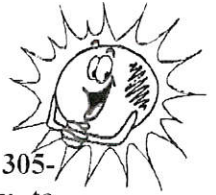
Signature: [Signature] Date: 5/15/15

(FOR OFFICE USE ONLY)

- ☐ New Site Form: _____ Completed/Submitted Site #: _____
- ☐ Pre-Op Site Visit: _____ Total # of Operating Days: _____
- ☐ Claim Database: _____ ☐ E-mail database: _____
- ☐ Site Contact Info: _____ ☐ Schedule A: _____
- ☐ Training Date: _____
- ☐ Temp. Testing Equip. #: _____

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Summer Food Service Program (SFSP) PRE-OPERATIONAL APPLICATION



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The Summer Food Service Program will operate from June 8 to August 21, 2015

PLEASE CHECK THE APPROPRIATE BOX(ES):

- ☒ NEW SITE (Pre-Operational Site Visit Required) ☐ RETURNING SITE
☐ SITE NAME CHANGE ☐ ADDRESS CHANGE (Pre-Operational Site Visit Required)

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

Site Name: <u>Kay Gaither Community Center</u>	
Site Address: <u>6291 Funston Street</u>	
City: <u>Hollywood</u>	Contact Person: <u>Sandra White</u>
Zip Code: <u>33023</u>	Phone#: <u>954 967 4234</u>
County: <u>Broward</u>	Fax#: <u>954 967 4356</u>
E-mail: <u>swhite@hollywoodfl.org</u>	

1. Please list the name(s) of two public schools nearest to your location. If your site is a public school, just list it.

Orangebrook Elementary West Hollywood Elementary

2. Meal Service Start Date: June 8, 2015 Meal Service Ending Date: 08/07/2015

3. Type of Site (check one) ☒ Recreation Center ☐ Church ☐ Youth Program ☒ Summer Camp
☐ Park ☐ School ☐ Child Care Center ☐ Public Housing
☐ Other (Specify): _____

4. Names and Title of two (2) people in Charge at Site (MANDATORY):

A. Name 1: Sandra White Title: Recreation Coordinator
 B. Name 2: Sheanita Williams Title: Recreation Leader

5. Time Meals Served: (PLEASE ONLY SELECT TWO (2) MEAL TYPES Below)

Meal Type	Start Time	End Time	Estimated Attendance
Breakfast (1 hr. limit) <i>If receiving breakfast, please ensure that a trained staff person is available to receive it on Friday, June 5th.</i>	7:45am	8:45am	40
Lunch (2 hr. limit)	12:00pm	2:00pm	85
PM Snack (1 hr. limit)			

Note: Earliest time meals can be delivered to site: 7:30 (AM)



6. Does this site have all of the following for organized meal service under the SFSP?

- | | |
|---|---|
| • Shelter for inclement weather | ☒ Yes ☐ No |
| • Telephone | ☒ Yes ☐ No |
| • Fully equipped/functioning kitchen facility | ☒ Yes ☐ No |
| • Refrigeration and storage space for delivered food | ☒ Yes ☐ No |
| • Filing and storage for all records that must be kept at this site | ☒ Yes ☐ No |

7. If your site is receiving **lunch**, check one of the following: ☒ HOT ☐ COLD
8. Is your site considered- for- profit? ☒ Yes ☐ No (If yes, please complete the attached "SFSP For- Profit Site Not Financially Benefiting Certificate")
9. Children are supervised during meals by (check all that apply) ☒ Teachers ☒ Aides ☒ Site supervisor
☐ Volunteer ☐ Other _____
10. Does site participate in the **USDA Child Care Food Program (CCFP)**? ☐ Yes ☒ No
11. Is your program funded by **The Children's Trust or Children's Services Council**? ☒ Yes ☐ No
12. Will your site operate as a(n): ☒ Open Site (meals served to both program participants and the community)
☒ Open Restricted Site (meals served to program participants and the community, but with safety/space restrictions)
☐ Closed Site (meals only served to program participants)
13. Will your site be open for the July 4th holiday? ☐ Yes ☒ No

Please list below all staff that will be administering the SFSP meals at your site. These are the people who **MUST** attend The Village Youth Services' training.

Site Supervisor Sandra White
 Phone# 9349674234 Email swhite@hollywoodfl.org

Assistant Sherrita Williams
 Phone# 9549674234 Email swilliams@hollywoodfl.org

Names of all other staff:

Chadai Humphrey, Shannon McCain,
Michael Blackstock.

Eligibility Guideline: Site is located in an area where the public school student population is 50% or more free and reduced lunch or all of the children you service qualify for free or reduced lunch. Sites that meet the above criteria are eligible to operate as an "open site" under the Summer Food Program. As an "open site" any child who lives in the vicinity of your site and comes to your site for a meal must be served by your site. All other sites will be notified as to eligibility.

Signature: [Signature] Date: 5/15/15

[Signature]

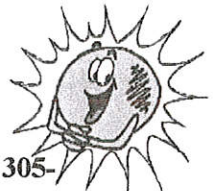
5-28-15

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 (FOR OFFICE USE ONLY)

- | | | |
|--|---------------------------|---|
| ☐ New Site Form: | _____ Completed/Submitted | Site #: _____ |
| ☐ Pre-Op Site Visit: | _____ | Total # of Operating Days: _____ |
| ☐ Claim Database: | _____ | ☐ E-mail database: _____ |
| ☐ Site Contact Info: | _____ | ☐ Schedule A: _____ |
| ☐ Training Date: | _____ | |
| ☐ Temp. Testing Equip. #: | _____ | |

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The Summer Food Service Program will operate from June 8 to August 21, 2015

PLEASE CHECK THE APPROPRIATE BOX(ES):

- ☐ **NEW SITE (Pre-Operational Site Visit Required)**
☐ **RETURNING SITE**
☐ **SITE NAME CHANGE**
☐ **ADDRESS CHANGE (Pre-Operational Site Visit Required)**

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

Site Name: <u>McNicol Community Center</u>	
Site Address: <u>1411 S. 28th AVE</u>	
City: <u>Hollywood</u>	Contact Person: <u>Nakia Harris</u>
Zip Code: <u>33020</u>	Phone#: <u>954-921-3511</u>
County: <u>Broward</u>	Fax#: <u>954-921-3493</u>
E-mail: <u>nharris@hollywoodfl.org</u>	

1. Please list the name(s) of two public schools nearest to your location. If your site is a public school, just list it.

Colbert Elementary

2. Meal Service Start Date: June 1, 2015

Meal Service Ending Date: July 31, 2015

3. Type of Site (check one)
- ☒ Recreation Center ☐ Church ☐ Youth Program ☒ Summer Camp
☐ Park ☐ School ☐ Child Care Center ☐ Public Housing
☐ Other (Specify): _____

4. Names and Title of two (2) people in Charge at Site (MANDATORY):

- A. Name 1: Nakia Harris Title: Rec Coordinator
- B. Name 2: Lakendra Smith Title: Rec Aide

5. Time Meals Served: **(PLEASE ONLY SELECT TWO (2) MEAL TYPES Below)**

Meal Type	Start Time	End Time	Estimated Attendance
Breakfast (1 hr. limit) <i>If receiving breakfast, please ensure that a trained staff person is available to receive it on Friday, June 5th.</i>	<u>8:00am</u>	<u>9:00am</u>	<u>30</u>
Lunch (2 hr. limit)	<u>12:00pm</u>	<u>2:00pm</u>	<u>60</u>
PM Snack (1 hr. limit)			

Note: Earliest time meals can be delivered to site: 7:30 (AM)



6. Does this site have all of the following for organized meal service under the SFSP?

- | | | | | | | | | | | | |
|--|--|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|---|-----------------------------|
| <ul style="list-style-type: none"> • Shelter for inclement weather • Telephone • Fully equipped/functioning kitchen facility • Refrigeration and storage space for delivered food • Filing and storage for all records that must be kept at this site | <table style="width: 100%;"> <tr> <td>☒ Yes</td> <td>☐ No</td> </tr> <tr> <td>☒ Yes</td> <td>☐ No</td> </tr> <tr> <td>☒ Yes</td> <td>☐ No</td> </tr> <tr> <td>☒ Yes</td> <td>☐ No</td> </tr> <tr> <td>☒ Yes</td> <td>☐ No</td> </tr> </table> | ☒ Yes | ☐ No | ☒ Yes | ☐ No | ☒ Yes | ☐ No | ☒ Yes | ☐ No | ☒ Yes | ☐ No |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |
| ☒ Yes | ☐ No | | | | | | | | | | |

7. If your site is receiving **lunch**, check one of the following: ☒ HOT ☐ COLD
8. Is your site considered- for-profit? ☐ Yes ☐ No (If yes, please complete the attached "SFSP For- Profit Site Not Financially Benefiting Certificate")
9. Children are supervised during meals by (check all that apply) ☒ Teachers ☒ Aides ☒ Site supervisor
☐ Volunteer ☐ Other _____
10. Does site participate in the **USDA Child Care Food Program (CCFP)**? ☐ Yes ☒ No
11. Is your program funded by **The Children's Trust** or **Children's Services Council**? ☒ Yes ☐ No
12. Will your site operate as a(n): ☐ Open Site (meals served to both program participants and the community)
☒ Open Restricted Site (meals served to program participants and the community, but with safety/space restrictions)
☐ Closed Site (meals only served to program participants)
13. Will your site be open for the July 4th holiday? ☐ Yes ☒ No

Please list below all staff that will be administering the SFSP meals at your site. These are the people who **MUST** attend The Village Youth Services' training.

Site Supervisor

Nakia Harris

Phone# 954-921-3511

Email nharris@hollywoodfl.org

Assistant

Lakendra Smith

Phone# 954-921-3511

Email N/A

Names of all other staff:

Eligibility Guideline: Site is located in an area where the public school student population is 50% or more free and reduced lunch or all of the children you service qualify for free or reduced lunch. Sites that meet the above criteria are eligible to operate as an "open site" under the Summer Food Program. As an "open site" any child who lives in the vicinity of your site and comes to your site for a meal must be served by your site. All other sites will be notified as to eligibility.

Signature: [Signature] Date: 5/19/15

Chudilla

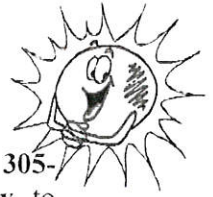
5-28-15

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 (FOR OFFICE USE ONLY)

- | | | |
|--|---------------------------|---|
| ☐ New Site Form: | _____ Completed/Submitted | Site #: _____ |
| ☐ Pre-Op Site Visit: | _____ | Total # of Operating Days: _____ |
| ☐ Claim Database: | _____ | ☐ E-mail database: _____ |
| ☐ Site Contact Info: | _____ | ☐ Schedule A: _____ |
| ☐ Training Date: | _____ | |
| ☐ Temp. Testing Equip. #: | _____ | |

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The Summer Food Service Program will operate from June 8 to August 21, 2015

PLEASE CHECK THE APPROPRIATE BOX(ES):

- ☐ NEW SITE (Pre-Operational Site Visit Required) ☐ RETURNING SITE
☐ SITE NAME CHANGE ☐ ADDRESS CHANGE (Pre-Operational Site Visit Required)

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

Site Name: <u>Martin Luther King Community Center</u>	
Site Address: <u>2400 Charleston St.</u>	
City: <u>Hollywood</u>	Contact Person: <u>Richard Walker</u>
Zip Code: <u>33020</u>	Phone#: <u>(954) 921 3412</u>
County: <u>Broward</u>	Fax#: <u>(954) 921 3413</u>
E-mail: <u>RWalker@hollywoodfl.org</u>	

1. Please list the name(s) of two public schools nearest to your location. If your site is a public school, just list it.

Bethune Elementary

Attucks Middle

2. Meal Service Start Date: June 8, 2015

Meal Service Ending Date: Aug 21, 2015 (8/21/15)

3. Type of Site (check one) ☒ Recreation Center ☐ Church ☐ Youth Program ☐ Summer Camp
☐ Park ☐ School ☐ Child Care Center ☐ Public Housing
☐ Other (Specify): _____

4. Names and Title of two (2) people in Charge at Site (MANDATORY):

A. Name 1: Richard Walker Title: Coordinator

B. Name 2: Linda Robinson Title: Recreation Leader

5. Time Meals Served: (PLEASE ONLY SELECT TWO (2) MEAL TYPES Below)

Meal Type	Start Time	End Time	Estimated Attendance
Breakfast (1 hr. limit) If receiving breakfast, please ensure that a trained staff person is available to receive it on Friday, June 5th.	8:00 AM	9:00 AM	200
Lunch (2 hr. limit)	12:00 PM	2:00 PM	
PM Snack (1 hr. limit)			

Notes: Earliest time meals can be delivered to site: 7:15 (AM)



6. Does this site have all of the following for organized meal service under the SFSP?

- | | |
|---|---|
| • Shelter for inclement weather | ☒ Yes ☐ No |
| • Telephone | ☒ Yes ☐ No |
| • Fully equipped/functioning kitchen facility | ☒ Yes ☐ No |
| • Refrigeration and storage space for delivered food | ☒ Yes ☐ No |
| • Filing and storage for all records that must be kept at this site | ☒ Yes ☐ No |

7. If your site is receiving **lunch**, check one of the following: ☒ HOT ☐ COLD
8. Is your site considered- for-profit? ☐ Yes ☒ No (If yes, please complete the attached "SFSP For- Profit Site Not Financially Benefiting Certificate")
9. Children are supervised during meals by (check all that apply) ☐ Teachers ☒ Aides ☒ Site supervisor
☒ Volunteer ☐ Other _____
10. Does site participate in the **USDA Child Care Food Program (CCFP)**? ☐ Yes ☒ No
11. Is your program funded by **The Children's Trust or Children's Services Council**? ☒ Yes ☐ No
12. Will your site operate as a(n): ☒ Open Site (meals served to both program participants and the community)
☐ Open Restricted Site (meals served to program participants and the community, but with safety/space restrictions)
☐ Closed Site (meals only served to program participants)
13. Will your site be open for the July 4th holiday? ☐ Yes ☒ No

Please list below all staff that will be administering the SFSP meals at your site. These are the people who **MUST** attend The Village Youth Services' training.

Site Supervisor Richard Walker

Phone# 954-921-3412

Email rwalker@hollywoodfl.org

Assistant

Linda Robinson

Phone# (954) 921 3412

Email lrobinson@hollywoodfl.org

Names of all other staff:

Stefana White

Sharlene Ferguson

Lamese James

Eligibility Guideline: Site is located in an area where the public school student population is 50% or more free and reduced lunch or all of the children you service qualify for free or reduced lunch. Sites that meet the above criteria are eligible to operate as an "open site" under the Summer Food Program. As an "open site" any child who lives in the vicinity of your site and comes to your site for a meal must be served by your site. All other sites will be notified as to eligibility.

Signature: Richard Walker

Date: 5/15/2015

Chuck Allen

MEB

5-28-15

(FOR OFFICE USE ONLY)

- ☐ New Site Form: _____ Completed/Submitted Site #: _____
- ☐ Pre-Op Site Visit: _____ Total # of Operating Days: _____
- ☐ Claim Database: _____ ☐ E-mail database: _____
- ☐ Site Contact Info: _____ ☐ Schedule A: _____
- ☐ Training Date: _____
- ☐ Temp. Testing Equip.#: _____

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