Summer Food Service Program (SFSP) PRE-OPERATIONAL APPLICATION

Complete this application and <u>fax</u> it to <u>The Village Youth Services</u>, <u>Inc.</u> (TVYS) at 305-621-8454 (NOTE: No fax cover page is needed), or <u>e-mail a signed PDF copy</u> to <u>info a village youth org</u> 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.

NEW SITE (Pre-Operational Site Visit Require		NG SITE	erational Site Visit Required)					
_	SITE NAME CHANGE ADDRESS CHANGE (Pre-Operational Site Visit Required)							
	PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.							
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	munity CCO	iter						
Site Address: 5199 Dembroke Nos	Contact Por	man OA laka	Tologóas					
City: Hollywood	Contact Per Phone#: 4/	V - 0 1 1 01 0	Johnson					
Zip Code: 33023	Fax#:	71-9101-929						
County: Droward E-mail: Olohoron D hollywood 1,000	rax#:	54 161-724	//					
1. Please list the name(s) of two public schools n Orange brook Flementar. 2. Meal Service Start Date: 19 15) Wes	If your site is a public HD HU DDC ervice Ending Date:	school, just list it. ELEMENTORY 8 124 15					
3. Type of Site (check one) Recreation Cer	nter Church '	Youth Program	Summer Camp					
☐ Park	School 0	Child Care Center	Public Housing					
Other(Specify	/):		(3)					
4. Names and Title of two (2) people in Charg	e at Site <u>(VI \ D FO</u>	<u> </u>						
A. Name 1: DODG John	Son	Title: RCC(eation Coordina					
B. Name 2: Tiney Wright	î .	Title: Recy	teation Aide					
5. Time Meals Served: (PLEASE	ONLY SELEC	CT TWO (2) MI	EAL 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.	7:300	8:302	80-100					
Lunch (2 hr. limit)	12:000	2,000	180					
PM Snack (1 hr. limit)	12:007							
Yar: Earliest time meals can be delivered to		(AM)						
 6. Does this site have all of the following for org Shelter for inclement weather Telephone Fully equipped/functioning ki Refrigeration and storage span Filing and storage for all reconstructions 	tchen facility ce for delivered food	K K K	Yes					

7. If your site is receiving lunch, ch	eck one of the following:	⊿ нот	☐ COLD	
8. Is your site considered- for- profit		lease complete the	attached "SFSP F	or- Profit Site
Not Financially Benefiting Certific 9. Children are supervised during me			Aides Other	Site supervisor
10. Does site participate in the USDA C	Child Care Food Program			No
11. Is your program funded by The Chi	ldren's Trust or Childre	n's Services Counc	il? Tes	□No
12. Will your site operate as a(n):	Open Site (meals served) Open Restricted Site (but with safety/space) Closed Site (meals on	(meals served to pro restrictions)	gram participants	e community) and the community,
13. Will your site be open for the July 4	th holiday?	☐ Yes ☑ No		
Please list below all staff that will be attend The Village Youth Services` tra	iining.		These are the peo	ple who <u>MUST</u>
Site Supervisor	2000000	1 1 0		T 11 CCI
Phone# 454 C	161 4240 Vright	Email JON	nsbno	no 11-wood floors
Phone#_154 9 (1240	Email +Wr.a	htanol	ywoothorg
Names of all other staff:				
Veronica 12 rgcla Ruby Bri	Lynn Davis Wn	¥		
Eligibility Guideline: Site is located in an arrall of the children you service qualify for free site" under the Summer Food Program. As an meal must be served by your site. All other site Signature:	or reduced lunch. Sites "open site" any child w	that meet the above ho lives in the vici	e criteria are elig	ible to operate as an "open and comes to your site for a
New Site Form:	Completed/S	ubmitted 5	Site #:	
Pre-Op Site Visit:			Γotal # of Operat	ng Days:
Claim Database:		[☐ E-mail databa	ase:
Site Contact Info:		[Schedule A:	
Training Date:				
Temp. Testing Equip.#:				

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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PLEASE CHECK NEW SITE (Pre-Operational Site Visit Require SITE NAME CHANGE		NG SITE	ational Site Visit Required)			
	OR PRINT IN BLUE O	R BLACK INK.				
Site Name: Kay Gaither Commi		er				
Site Address: 4291 Fungton Str	Contact Por	esoni Cai I i	1.11.10			
City: // // // // Zip Code: / 3302.3	Contact Per Phone#:	son: Sanara 1	White			
County: Brimard	Fax#:	95490140	2			
E-mail: Swhite Whollywood flora	Tukii	9399019330				
1. Please list the name(s) of two public schools n **Drangebrook** Elementary 2. Meal Service Start Date: JUNE 8, 30	1	ervice Ending Date:	Elementary 08/07/2015			
3. Type of Site (check one) Recreation Cel	nter Church	Youth Program	Summer Camp			
Park	School G	Child Care Center	Public Housing			
Other(Specify	y):					
4. Names and Title of two (2) people in Charg	e at Site <u>(MANDATO)</u>	<u>R1):</u> :	a			
A. Name 1: Sandra Whi	he	Title:	eation Coordinate			
B. Name 2: Sheanta W	Character tellitories Considera Leader					
5. Time Meals Served: (PLEASE	ONLY SELEC	T TWO (2) ME .	AL 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.	7:45am	8:45am	40			
Lunch (2 hr. limit)		0. 100111	00			
	12.00pm	2.00 pm	82			
PM Snack (1 hr. limit)	100-01	•				
New: 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 • 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 Yes						

7. If your site is receiving lunch, check one of the following:	
 Is your site considered- for- profit?	please complete the attached "SFSP For- Profit Site"
9. Children are supervised during meals by (check all that apply)	Teachers dides Site supervisor Volunteer Other
10. Does site participate in the USDA Child Care Food Program	m(CCFP)? □Yes ☒No
11. Is your program funded by The Children's Trust or Childre	n's Services Council? XYes No
Open Restricted Site but with safety/space	ed to both program participants and the community) (meals served to program participants and the community, restrictions) restrictions participants)
13. Will your site be open for the July 4 th holiday?	☐Yes ☐No
Please list below all staff that will be administering the SFSP rattend The Village Youth Services' training.	neals at your site. These are the people who MUST
Site Supervisor Sandra Wnite	
Phone# 954 9674234	Email SWhiteahollywood A. ord
Assistant Shearita Willia	ims
Phone# 95491074234	Email Swilliamsahalyuraff.
Names of all other staff:	
Chadai Humphrey, S	Shannon Mchain,
Michael Blackesto	
Eligibility Guideline: Site is located in an area where the public scho all of the children you service qualify for free or reduced lunch. Sites site" under the Summer Food Program. As an "open site" any child we meal must be served by your site. All other sites will be notified as to eliminate the summer Food Program. Signature.	that meet the above criteria are eligible to operate as an "open tho lives in the vicinity of your site and comes to your site for a
(FOR OFFICE	
New Site Form:Completed/S	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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PLEASE CHECK NEW SITE (<u>Pre-Operational Site Visit</u> Require SITE NAME CHANGE		NG SITE	rational Site Visit Required)		
	OR PRINT IN BLUE O	OR BLACK INK.			
Site Name: MMICO/ Community	y Center				
Site Address: 1411 S. 28th AVE	7				
City: Hollywood	Contact Per	1 1 1 1 1 1	arris		
Zip Code: 33020	Phone#: 99	54-921-3511			
County: Broward	Fax#: 95	4- 421- 3493			
E-mail: n/harris @ hollywood florg					
1. Please list the name(s) of two public schools n	nearest to your location.	. If your site is a public s	chool, just list it.		
2. Meal Service Start Date: June 1, 20	15 Meal S	Service Ending Date: J	uly 31,2015		
3. Type of Site (check one) Recreation Cer	nter Church C	Youth Program 🕞	Summer Camp		
Park	School	Child Care Center	Public Housing		
Other(Specify	y):				
4. Names and Title of two (2) people in Charge					
A. Name 1: Nakia Harri	5	Title: <u>RCC</u>	Coordinator		
B. Name 2: Lakendra Sm	ith	Title:	Aide		
5. Time Meals Served: (PLEASE	ONLY SELEC	CT TWO (2) ME	AL 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 5 th .	0 00	0.000	no		
Lunch (2 hr. limit)	0.00am	9. acim	30		
Eulen (2 III. IIIIII)	17.00 pm	7:00 pm	60		
PM Snack (1 hr. limit)	7 12 1				
	7:75		4 = 7		
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 Telephone 					
Fully equipped/functioning kit		1. 1			
- I dily equipped functioning at	chen facility				
Refrigeration and storage space Filing and storage for all record	e for delivered food		particular to the second secon		

7.	If your site i	s receiving lunch	, check one of the following	g: Инот	COLD	
8.		onsidered- for- pr Illy Benefiting Cer	ofit? Yes No (If yes tificate)	, please complete th	he attached "SFSP	For- Profit Site
9.	Children are	supervised during	meals by (check all that apply	Teachers Volunteer	Aides Other	Site supervisor
10. I	Does site parti	cipate in the USD	A Child Care Food Progr	am (CCFP)?	Yes	□No
11. I	ls your progra	m funded by The	Children's Trust or Child	ren's Services Cou	ıncil? Yes	□No
12. 3	Will your site	operate as a(n):	Open Site (meals ser Open Restricted Sit but with safety/spac Closed Site (meals	e (meals served to perestrictions)	program participan	the community) tts and the community,
13.	Will your site	be open for the Ju	ly 4 th holiday?	Yes No		
Ple	ease list below end The Villag	all staff that will ge Youth Services	be administering the SFSF raining.	meals at your site	. These are the pe	ople who MUST
	e Supervisor	Nakia	Harris			
		Phone# 954-	921-351/	Email_n/ha	misenholk	y word. fl. org
Ass	sistant	Lakendi	a Smith		· ,	
		Phone#_954	-921-3511	Email	/A	
Na	mes of all oth	er staff:		/		
		-				

iaibilita (Cuidalina, Si	ta is located in or	area where the public sch	ool student nonule	ition is 50% or me	ore free and reduced lung
of the ch	ildren you se	rvice qualify for	free or reduced lunch. Site	s that meet the abo	ove criteria are eli	gible to operate as an "o
			s an "open site" any child sites will be notified as to e		icinity of your site	and comes to your site
	Signature:	4 Nei	Asu.		Date: 19	1/15
	_	-//	Plusti	00	5	-28-11
	3 8 8 8 9 9 8		(FOR OFFIC	E USE ONLY)		
	☐ New Sit	e Form:	Completed	/Submitted	Site #:	
	☐ Pre-Op	Site Visit:			Total # of Opera	ting Days:
	☐ Claim D	atabase:			E-mail datab	pase:
	Site Con	ntact Info:	(Schedule A:	
	☐ Training	Date:				
	☐ Temp. T	esting Equip.#:				

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PLEASE CHECK NEW SITE (<u>Pre-Operational Site Visit</u> Require SITE NAME CHANGE	The state of the s	NG SITE	rational Site Visit Required)			
PLEASE TYPE OR PRINT IN BLUE OR BLACK INK. Site Name: Marin Lyrer King Community Center Site Address: 2400 Charleston St. City: Hollywood Contact Person: Richard Walker Zip Code: 33020 Phone#: (954) 921 3412 County: Ordward Fax#: (954) 921 3413 E-mail: Rwalker & holly woodflorg. 1. Please list the name(s) of two public schools nearest to your location. If your site is a public school, just list it. Defining Elementary Attacks Hiddle 2. Meal Service Start Date: June 8, 2015 Meal Service Ending Date: Aug 21, 2015 (8) 2						
3. Type of Site (check one) ☐ Recreation Cer☐ Park ☐ Other (Specify	3. Type of Site (check one) ☐ Recreation Center ☐ Church ☐ Youth Program ☐ Summer Camp ☐ Park ☐ School ☐ Child Care Center ☐ Public Housing					
4. Names and Title of two (2) people in Charge at Site MINDITORY: A. Name 1: Richard Walker Title: Coordinator B. Name 2: Linda Robinson Title: Recreation Leader						
5. Time Meals Served: (PLEASE Meal Type	Start Time	End Time	Estimated Estimated			
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	Attendance			
Lunch (2 hr. limit)	12:00 PM	2:00 PM				
PM Snack (1 hr. limit)						
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 • 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						

8. Is your site c		check <u>one</u> of the following fit? Yes No (If yes		COLD c attached "SFSP	For- Profit Site
		meals by (check all that apply	Teachers	∑Aides Other	∑ Site supervisor
10. Does site parti	cipate in the USD	A Child Care Food Progi	. 1	Yes	
11. Is your progra	m funded by The C	Children's Trust or Child	ren's Services Cou	ncil? XYes	□No
12. Will your site	operate as a(n):	but with safety/space	te (meals served to p	rogram participant	he community) ts and the community,
13. Will your site	be open for the July	y 4 th holiday?	☐Yes X No		
	vall staff that will l	be administering the SFSI	P meals at your site.	These are the peo	ople who MUST
	Richard	, ~			
	Phone# 954~	921-3412 Plobinson	Email rwa	Ker@hol	ly woodfl.org
Assistant	200	18	1 1501-	\ . co o 0 los	ollywood fl.org
		9213412	Email_L/DC	omsone no	1119W0000 71.0rg
Names of all other	_	1			
-	fana Wr				
Sho	irlene Fe	urguson			
<u></u>	imese I	James		f.i	
all of the children you se	rvice qualify for fr food Program. As our sites All other s	ree or reduced lunch. Site an "open site" any child ites will be notified as to e	es that meet the abo who lives in the vi- eligibility.	ve criteria are elig	re free and reduced lunch or gible to operate as an "open and comes to your site for a
☐ New Sit	e Form:	Completed	/Submitted	Site #:	
☐ Pre-Op	Site Visit:			Total # of Operat	ting Days:
☐ Claim D	atabase:			☐ E-mail datab	ase:
Site Cor	ntact Info:			Schedule A:	
☐ Training	Date:	12			
☐ Temp. T	esting Equip.#:				

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