

**SPONSOR-SITE AGREEMENT for Summer Food Service Program (SFSP) Meals**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Ph.: \_\_\_\_\_ Email Address: \_\_\_\_\_

The person listed above oversees the SFSP at this location and agrees to allow SPONSOR NAME , an approved SFSP sponsor, to provide the following services at the address listed above:

Site Type (circle one): Open Closed Enrolled

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Site Operating Days (circle all that apply): M Tu W Th F Sa Su

**List Number of Meals Requested Daily by Meal Type**

(Sites may pick up to two. Lunch and Supper cannot be selected together, any other combination is allowable.)

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Supper \_\_\_\_\_ AM Snack \_\_\_\_\_ PM Snack \_\_\_\_\_

First Meal Type Serving Time Start: \_\_\_\_\_ am/pm End: \_\_\_\_\_ am/pm

Second Meal Type Serving Time Start: \_\_\_\_\_ am/pm End: \_\_\_\_\_ am/pm

**To ensure compliance with both, local and federal guidelines, the Sponsor, SPONSOR NAME and the Site agree to:**

- a. Serve meals to all needy children 18 years of age and under
- b. Ensure each child receives one complete meal containing all food components
- c. Serve meals only during approved pre-determined serving time for each meal type selected
- d. Ensure no meals are served, sold to, or consumed by adults
- e. Comply with all applicable USDA regulations and Marion County laws, including Department of Health food safety regulations
- f. Comply with all civil rights laws and regulations
- g. Display "And Justice for All" non-discrimination poster throughout the meal service
- h. Serve all children regardless of race, color, national origin, sex, age or disability.
- i. SPONSOR NAME and the Indiana Department of Education have the right to monitor the above meal service location at any time and will be admitted entrance to the meal service facility without delay

**Site Supervisor:** \_\_\_\_\_ **is responsible for:**

Immediately reporting meal service-related problems, including unanticipated disruptions, cancellations, safety issues or early discontinuation of program operations. Field trip meals must be reported no later than 48 hours in advance.

**Any adjustment or cancellation** of meal service can be done by contacting Sponsor Contact Name at Sponsor Contact Phone Number at least **48** hours in advance.

By signing below, the representative of the organization confirms that SPONSOR NAME holds the **exclusive** right to distribute SFSP meals during the program operating dates listed above at the location listed above. In addition, both parties acknowledge that these conditions have been read, discussed, and mutually agreed upon. In addition, the beneficiary site location and its staff/volunteers agree to follow the USDA SFSP Regulations and SPONSOR NAME guidelines listed above. SPONSOR NAME reserves the right to discontinue meal service due to non-compliance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date