



**CITY OF ATLANTA  
MAYOR'S OFFICE OF HUMAN SERVICES  
SUMMER FOOD SERVICE PROGRAM**

675 PONCE DE LEON AVENUE, SUITE 5100  
ATLANTA, GEORGIA 30308  
TEL (404) 817-6732  
FAX (404) 853-4354

**SHIRLEY FRANKLIN  
MAYOR**

**DEWITT W. MARTIN III  
DIRECTOR**

February 25, 2009

Dear Site Supervisor:

Welcome to another exciting year with the City of Atlanta's Summer Food Service Program (SFSP) for children. Last year, we accomplished many of our goals by successfully feeding children without any unresolved administrative and operational negative findings. The SFSP could not have reached these goals without the support of Site Supervisors following the program's rules and regulations.

**If your site has an interest in participating in the 2009 program, EARLY REGISTRATION BEGINS TODAY! Please complete the enclosed application and support documents attached. For fast processing, please return all documents to the Summer Food Service Program office located at City Hall East, 675 Ponce De Leon Ave., Suite 5100, Atlanta, Georgia 30308, or fax all three pages to (404) 853-4354. Incomplete documents may delay or decline your site's approval for participation in our program.**

**Your site will receive a training date via U.S. Mail during the week of April 13th. Individuals responsible for distributing and maintaining all SFSP records MUST ATTEND THE TRAINING TO COMPLETE THE REGISTRATION AND APPROVAL PROCESS. WE REQUIRE THAT 3 PEOPLE FROM EACH SITE BE TRAINED IN PROCEDURES FOR OUR PROGRAM. NO EXCEPTIONS!!** Remember to mark your calendar upon receiving the training date. Training is **MANDATORY** under the Federal and State regulations.

**FINALLY, IN ORDER TO PROPERLY PREPARE FOR THE FIRST DAY, PLEASE INDICATE THE NUMBER OF MEALS YOU WILL NEED ON THE TOP RIGHT HAND CORNER OF THE APPLICATION!!!**

Sincerely,

DeWitt W. Martin, III  
Director

Enclosures

# FIRST DAY ORDER

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

## City of Atlanta Summer Food Service Program

### SITE INFORMATION SHEET

1. Name of Site Supervisor: \_\_\_\_\_
2. Name and Address of Food Service Site: \_\_\_\_\_  
\_\_\_\_\_
3. County: \_\_\_\_\_
4. Telephone Number at Site: \_\_\_\_\_
5. Contact Number of Site Supervisor: \_\_\_\_\_
6. Mailing Address if different from Site: \_\_\_\_\_  
\_\_\_\_\_
7. Two (2) Public Schools Nearest to Site: 1. \_\_\_\_\_  
2. \_\_\_\_\_
8. Type of Site:      Open\_\_\_\_      Closed\_\_\_\_
9. Did this Site Participate Last Year?      Yes\_\_\_\_ No\_\_\_\_
10. Hours of Operation: \_\_\_\_\_      Is Site:    Indoor\_\_\_\_      Outdoor\_\_\_\_
11. Are there scheduled activities at this Site?      Yes\_\_\_\_ No\_\_\_\_
12. Is there adequate refrigeration at the Site?      Yes\_\_\_\_ No\_\_\_\_
13. Types of Meals Served:      Breakfast\_\_\_\_      Lunch\_\_\_\_
14. Estimated number of children participating in your program? \_\_\_\_\_
15. Beginning Date: \_\_\_\_\_      Ending Date: \_\_\_\_\_
16. Number of children that can eat at the site at one time: \_\_\_\_\_
17. Comments: \_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

Eligibility By:

Maximum:    Breakfast \_\_\_\_\_  
                  Lunch      \_\_\_\_\_

ADP:    Breakfast \_\_\_\_\_  
          Lunch      \_\_\_\_\_

City of Atlanta  
Summer Food Service Program

SITE SELECTION SHEET

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

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

Site Telephone Number: \_\_\_\_\_

Person to contact for use of site: \_\_\_\_\_

Type of site (check appropriate type):

- |   |   |
|---|---|
| <input type="checkbox"/> Recreation       | <input type="checkbox"/> Park             |
| <input type="checkbox"/> School           | <input type="checkbox"/> Residential Camp |
| <input type="checkbox"/> Church           | <input type="checkbox"/> Playstreet       |
| <input type="checkbox"/> Playground       | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Settlement House |   |

Estimated number of children the site could serve: \_\_\_\_\_

Estimated number of needy children in area: \_\_\_\_\_

Estimated number of personnel needed to adequately control the food service: \_\_\_\_\_

Is another site needed in this area:       Yes       No

Are the present facilities adequate for an organized meal service? \_\_\_\_\_

If the answer is no, comment: \_\_\_\_\_

For the estimated number of children does the site have:

	YES	NO
Shelter for inclement weather	_____	_____
Adequate cooking facilities (if applicable)	_____	_____
Adequate storage for prepared or delivered food	_____	_____
Storage space for records at site	_____	_____
Adequate refrigeration	_____	_____
Access to a telephone	_____	_____

What types of organized activities are possible or planned at this site? \_\_\_\_\_

*Note: Governmental and private nonprofit sponsors can only provide food service at sites, which they directly operate.*

**City of Atlanta**  
**SUMMER FOOD SERVICE PROGRAM**  
675 Ponce De Leon Avenue, NE  
Suite 5100  
Atlanta, Georgia 30308

Please read this carefully. It will help us determine your site's eligibility for the 2009 Summer Food Service Program. This is very important and must be completed in order for your program to participate.

Your site is eligible to receive free meals based on two methods:

- (1) If the **PUBLIC SCHOOL** near you had 50% or more of its children on free or reduced priced meals during the school year, your site qualifies as **OPEN**. We will determine if your site is open. Your site must feed all children that request food during your feeding times.

**OR**

- (2) If your site has 50% or more of its children who qualify as low income, based on federal income guidelines, we can feed all children at the site free. However, you must declare your site **CLOSED** and sign below.

**Choose One**

I \_\_\_\_\_, Site Supervisor of \_\_\_\_\_  
(Please Print) (Please Print)

would like to qualify as an **OPEN** site for the 2009 Summer Food Service Program. We will feed all needy children in our community who attend our meal servings.

I \_\_\_\_\_, Site Supervisor of \_\_\_\_\_  
(Please Print) (Please Print)

**WILL NOT OPEN** my site for the 2009 Summer Food Service Program. We would like to qualify as a **CLOSED** site. We will only feed the children registered in our site.

**Accountability Statement (Mandatory Signature Required)**

I will abide by all Summer Food Service Program (SFSP) Guidelines. If I fail to abide by the SFSP guidelines, I will be accountable for all expenses incurred due to any financial negligence. This is inclusive of the failure to distribute meals accordingly, failure to document all meals, failure to serve meals to children under 18, and failure to abide by all training guidelines, which cause financial repercussions to the City of Atlanta.

**NOTE:** The City of Atlanta will enforce repayment, at cost, if the State (DECAL) or Federal Monitoring Agency (USDA) disallows any meals due to any failure to meet SFSP guidelines.

I agree to the specified terms above:

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)