

SFSP Site Application For School Year: 2013 - 2014

01637 Status: Active
FORT BEND COUNTY
 DBA:
 9555 A Highway 6 South
 Missouri City, TX 77459
 County District Code: 079
 ESC: 4 TDA Region: 3

1202 Status: Active
BRAZOS BEND VILLA APARTMENTS
 2020 Rocky Falls
 Richmond, TX 77469

Version: Original

Street Address

1. Address Line 1: 2020 Rocky Falls
 Address Line 2:
 2. City: Richmond
 3. State: TX Zip: 77469
 4. Nearest cross street: Highway 90

Mailing Address

5. Address Line 1: P.O BOX 509
 Address Line 2:
 6. City: Fresno
 7. State: TX Zip: 77545

Contracting Entity Contact for this Site

- | | Salutation | First Name | Last Name |
|---|-------------------------------------|------------|---------------------|
| 8. Name: | Mrs. | Crystal | Martinez |
| 9. Email Address:  | Crystal.Martinez@co.fort-bend.tx.us | | |
| 10. Phone: | (281) 835-9419 | Ext: | Fax: (281) 416-0682 |
| 11. Title: | Program Coordinator | | |

Site Supervisor

- | | Salutation | First Name | Last Name |
|--|-------------------------------------|------------|-----------|
| 12. Name: | Ms. | Vesser | Mason |
| 13. Email Address:  | Crystal.Martinez@co.fort-bend.tx.us | | |
| 14. Phone: | (281) 342-5252 | Ext: | Fax: |
| 15. Title: | Site Supervisor | | |

General Site Information

16. Geographic Location: Urban
17. Has the site ever participated in the Summer Food Service Program under this Contracting Entity? ☒ Yes ☐ No

Site Eligibility

18. Is this site a licensed child care facility? ☐ Yes ☒ No
19. If this site is a licensed child care facility, will this site only serve children who are enrolled for care? ☐ Yes ☒ No
20. If this site will serve children who are enrolled for care and children from the community, will all children be served together and in a common area that is not licensed for child care? ☐ Yes ☒ No
21. Is this site open only to enrolled summer school students who receive academic credit? ☐ Yes ☒ No
22. Did this site operate last year under this Contracting Entity? If no, enter the Contracting Entity's pre-operational site visit date below. ☒ Yes ☐ No

23. Did this site have serious deficiency findings or significant operational deficiencies last program year? If yes, enter the Contracting Entity's pre-operational site visit date below. ☐ Yes ☒ No ☐ N/A
24. Has this site experienced significant SFSP staff turnover since last program year? If yes, enter the Contracting Entity's pre-operational site visit date below. ☐ Yes ☒ No ☐ N/A
25. Date of the Contracting Entity's pre-operational site visit, if applicable.
26. Do you know of another Summer Food Service Program or Seamless Summer Option feeding site within one-fourth mile? ☐ Yes ☒ No

If yes, list the name of the Contracting Entity and the name of the site that is within one-fourth mile. (If the site is under your sponsorship, you may list only the site's name.)

The site within one-fourth mile is under my sponsorship: ☐ Yes ☒ No

Contracting Entity Name:

Site Name:

Explain how the two or more sites will not serve the same group of children for the same type of meal service.

Site Type

Indicate the Site Type, the Eligibility Method, and the Primary Service provided by this site.

27. Site Type: Open
28. Eligibility Method: School Data
29. Primary service provided by this site: Recreation

If Service is Other, describe:

30. If School Data is selected, provide the complete name of the school district, school name, and the number of free and reduced-price eligible students from which this site will draw its attendance.

School District: LCISD

School Name: PINK ELEMENTARY

Percentage of Enrollment Eligible for Free and Reduced-price Meals: 99.00 %

Original date percentage based on school data was reported: 03/28/2010

Data reported is good for 5 years from original date.

If this site is a public school site and another school's data was used to establish eligibility for this site, explain why another school's data was used.

If census data is the selected eligibility method, enter the following:

Block Number:

Group Number:

Percentage of Needy Children (if known): %

Original date percentage based on census data was reported:

Data reported is good for 5 years from original date.

31. If Restricted Open or Closed-Enrolled is selected as Site Type, provide reason for operating this type of site.

32. If site type is Closed Enrolled, provide the following information:

Projected Number of Enrolled Children:

Projected Number of Enrolled Children who are eligible to receive free or reduced-price meals:

Percentage of enrolled children: %

33. If site type is a camp, will there be a separate charge for meals served to non-eligible children? ☐ Yes ☒ No

Site Operation

34. Enter the number of days the Site will operate each month:

	OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
	0	0	0	0	0	0	0	0	16	22	1	0

35. Operation Dates: Start: 06/09/2014 End: 08/01/2014

36. Check meal type(s) to be served at this site:

☐ Breakfast ☐ AM Snack ☒ Lunch ☐ PM Snack ☐ Supper

37. If this is not a camp or a site whose primary service is migrant and if this site is serving supper instead of lunch, please explain why.

38. Indicate your system for serving meals to attending children:

☒ Cafeteria Style
☐ Unitized meal
☐ Family Style (for Closed Enrolled and Camp sites only)
☐ Offer vs. Serve
☐ Other (provide explanation)

39. Indicate if this is an outdoor or mobile site? ☐ Yes ☒ No

Does the site lack a temperature-controlled alternative site and will it be included in the demonstration project for non-congregate feeding related to excessive heat? ☐ Yes ☒ No

40. Indicate if this site allows a fruit or vegetable component to be consumed offsite? ☐ Yes ☒ No

41. Indicate how the site supervisor will communicate the number of meals that will be needed for the following day:
 Site Staff will contact the Contracting Entity to order meals

42. Are you requesting a waiver for the First Week Site Visit? ☒ Yes ☐ No

Breakfast

43. Meal Service Method:

44. Menu Planning Option:
Note: Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.

45. Enter the number of days the meal will be served each month:

	OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
	0	0	0	0	0	0	0	0	0	0	0	0

46. Meal Serving Dates (non-camp only): Start: End:

47. Days served: ☐ Mon-Fri ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

48. Meal Times: Start: End:

49. Average Daily Participation (non-camp only):

50. Maximum number of meals that may be served (state use only): 0

51. Indicate your plan for the receipt and storage of meals before serving to children:

☐ Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.

☐ Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

52. Indicate your plan for the storage or disposal of leftover meals or components:

53. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Other (provide explanation below):

AM Snack

54. Meal Service Method:

55. Menu Planning Option:

Note: Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.

56. Enter the number of days the meal will be served each month:

OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
0	0	0	0	0	0	0	0	0	0	0	0

57. Meal Serving Dates (non-camp only): Start: End:

58. Days served: ☐ Mon-Fri ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

59. Meal Times: Start: End:

60. Average Daily Participation (non-camp only):

61. Maximum number of meals that may be served (state use only): 0

62. Indicate your plan for the receipt and storage of meals before serving to children: ☐ Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.☐ Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

63. Indicate your plan for the storage or disposal of leftover meals or components:

64. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Other (provide explanation below):

Lunch

65. Meal Service Method: Vended by Food Service Management Company (FSMC)

66. Menu Planning Option: SFSP Menu Pattern

Note: Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.

67. Enter the number of days the meal will be served each month:

OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
0	0	0	0	0	0	0	0	16	22	1	0

68. Meal Serving Dates (non-camp only): Start: 06/09/2014 End: 08/01/2014

69. Days served: ☐ Mon-Fri ☐ Sun ☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri ☐ Sat

70. Meal Times: Start: 12:00 PM End: 2:00 PM

71. Average Daily Participation (non-camp only): 25

72. Maximum number of meals that may be served (state use only): 30

73. Indicate your plan for the receipt and storage of meals before serving to children: ☐ Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.☒ Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

74. Indicate your plan for the storage or disposal of leftover meals or components: Refrigerate and serve the following day

75. Serve indoors

Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Other (provide explanation below):

Cancel if necessary for severe weather

PM Snack

76. Meal Service Method:

77. Menu Planning Option:

Note: Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.

78. Enter the number of days the meal will be served each month:

OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
0	0	0	0	0	0	0	0	0	0	0	0

79. Meal Serving Dates (non-camp only):

Start:

End:

80. Days served: ☐ Mon-Fri ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

81. Meal Times:

Start:

End:

82. Average Daily Participation (non-camp only):

83. Maximum number of meals that may be served (state use only): 0

84. Indicate your plan for the receipt and storage of meals before serving to children:

☐ Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.

☐ Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

85. Indicate your plan for the storage or disposal of leftover meals or components:

86. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Other (provide explanation below):

Supper

87. Meal Service Method:

88. Menu Planning Option:

Note: Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.

89. Enter the number of days the meal will be served each month:

OCT 2013	NOV 2013	DEC 2013	JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014
0	0	0	0	0	0	0	0	0	0	0	0

90. Meal Serving Dates (non-camp only):

Start:

End:

91. Days served: ☐ Mon-Fri ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

92. Meal Times:

Start:

End:

93. Average Daily Participation (non-camp only):

94. Maximum number of meals that may be served (state use only): 0

95. Indicate your plan for the receipt and storage of meals before serving to children:

☐ Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.

☐

Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

96. Indicate your plan for the storage or disposal of leftover meals or components:
97. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Other (provide explanation below):

Meal Time Exception

98. Provide explanation if Supper begins after 7 PM or ends after 8 PM.
99. Provide explanation if meal time duration extends beyond the SFSP allowable time durations.

Camp Sessions

100. At least one session must be completed if Site Type is Camp - Residential or Camp - Non-Residential.

Note: Actual Eligible ADP may need to be updated prior to claim submission.

Note: Camps may claim reimbursement only for those enrolled children who are free and/or reduced-price eligible.

Session	Start Date	First Meal Type of the session	End Date	Last Meal Type of the session	# of Children Enrolled	Estimated Eligible ADP	Actual Eligible ADP
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Special Meal Pattern and Dietary Needs

101. Will this site be serving children under age 1 year (infants 0 to 12 months)? ☐ Yes ☒ No
102. Will this site be serving children aged 1 to 6 smaller portions than required in the SFSP meal pattern? ☐ Yes ☒ No

If yes, describe how your Contracting Entity will demonstrate that it can control portion sizes and follow the age-appropriate meal pattern requirements for children in section 226.20(c) of CACFP regulations.

103. Will this site be serving children aged 12 to 18 larger portions than required in the SFSP meal pattern? ☐ Yes ☒ No

If yes, describe how your Contracting Entity will demonstrate that it can control portion sizes and follow the adult-size portions found in section 226.20(c) of CACFP regulations.

104. Does this site anticipate the need to plan and/or prepare special diets for children with disabilities? ☐ Yes ☒ No

Food Production Facility Information

105. If meals served at this site are prepared at another facility, identify the name of where meals are prepared. A Food Production Facility form, provided on the Application Packet screen, must be completed to populate the following fields.

Facility 1: Educational Catering, Inc

Facility 2:

Food Safety and Sanitation

106. Is there a Certified Food Handler on Site? ☒ Yes ☐ No

107. Describe how your Contracting Entity will deliver and hold meals until the time of meal service according to the standards prescribed by state and local health department:

site supervisor/monitor will monitor the temperature on the vendors truck and then store in refrigerator

Outreach

Indicate below the date that outreach will be conducted and list advertisement methods you plan to use. (Not applicable for Closed Enrolled and Camp sites.)

108. Advertisement Date(s):

April 15, 2014

109. Advertisement Method:

- ☒ Newspaper announcement/press release
☐ TV/Radio
☐ Flyers - neighborhood
☐ Flyers - school
☒ Posters and signs
☐ Contracting Entity Website
☐ School newspaper
☐ Other

Certification

110. ☒ I hereby certify that neither the Contracting Entity nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Contracting Entity, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the state agency. In accordance with Federal law and U.S. Department of Agriculture policy, this Contracting Entity does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims. I understand that all amendments to the average daily participation (ADP) must be made prior to the final day of the claiming period. I understand that all amendments

to the ADP made after the final day of the claiming period will not be retroactive and the Contracting Entity can claim only the maximum amount based on the approved ADP.

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