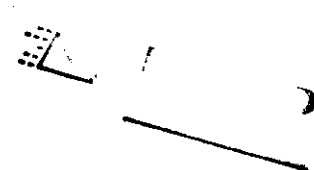


**SFSP CE Application  
For School Year: 2015 - 2016**

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



Version: Original  
 CFDA #10.559

**Contracting Entity Type**

1. Type of Agency: Government Agency  
 2. Type of SFSP Organization: Unit of Government



**Street Address**

3. Address Line 1: 9555 A Highway 6 South  
 Address Line 2:  
 4. City: Missouri City  
 5. State: TX Zip: 77459

**Mailing Address**

6. Address Line 1: 301 Jackson St.  
 Address Line 2: Parks Department-Kitty Hollow  
 7. City: Richmond  
 8. State: TX Zip: 77469

**Summer Food Service Program Contact**

- |                    | Salutation  | First Name | Last Name                                     |
|--------------------|---|------------|---|
| 9. Name:           | Mrs.  | Crystal    | Martinez                                      |
| 10. Email Address: | Crystal.Martinez@fortbendcountytexas.gov  |            |   |
| 11. Phone:         | (281) 835-9419  | Ext:       | Fax: (281) 416-0682                           |
| 12. Title:         | Summer Food Coordinator   |            |   |
| 13.                | This person is a supervisor responsible for the food service and attended or will attend current program year's TDA training. |            | Date training completed or will be completed: |

**Primary Authorized Representative**

- |                    | Salutation                               | First Name | Last Name           |
|--------------------|--|------------|---------------------|
| 14. Name:          | Mrs.                                     | Crystal    | Martinez            |
| 15. Date of Birth: | 04/07/1982 (mm/dd/yyyy)                  |            |                     |
| 16. Email Address: | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 17. Phone:         | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 18. Title:         | Summer Food Coordinator                  |            |                     |

**Home Address**

19. Address Line 1: 301 Jackson St.  
 Address Line 2: Parks Department-Kitty Hollow  
 20. City: Richmond

4/14/2016 - Original sent to Michel Davis, Parks Department

## SFSP Site Application For School Year: 2015 - 2016

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

1201 Status: Active  
**BOYS AND GIRLS CLUB**  
 5520 Hobby St.  
 Houston, TX 77053

Version: Original

### Street Address

1. Address Line 1: 5520 Hobby St.  
Address Line 2:
2. City: Houston
3. State: TX Zip: 77053
4. County: HARRIS (101)
5. Nearest cross street: 2234 (Texas Parkway)

### Mailing Address

6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
7. City: Richmond
8. State: TX Zip: 77469

### Contracting Entity Contact for this Site

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

### Site Supervisor (Contact at the Site)

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Miss                                     | Lionese    | Whittaker           |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

### Site Eligibility

17. Geographic Location: Urban
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

## Lunch

L1. Meal Service Method:

Vended by Food Service Management Company (FSMC) ▼

L2. School Nutrition Program Menu Pattern:

SFSP Menu Pattern ▼



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

L3. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

L4. Meal Serving Dates (non-camp only):

Start: 06/06/2016  End: 07/29/2016 

L5. Days served:

Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

L6. Meal Times:

Start: 12 Noon ▼ :00 ▼ End: 2 PM ▼ :00 ▼

L7. Food Production Facility:

▼

L8. Average Daily Participation (non-camp only): 100

L9. Maximum number of meals that may be served (state use only): 150

L10. 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.

L11. Indicate your plan for the storage or disposal of leftover meals or components:

Refrigerate and serve the following day ▼

L12. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):

Serve indoors ▼

35. Operation Dates: Start: 06/06/2016 End: 07/29/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

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
  - Offer vs. Serve
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- 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. Does this site allow a fruit, vegetable or grain item 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:

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

### Breakfast

B1. Meal Service Method:

B2. School Nutrition Program Menu Pattern:

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

B3. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

B4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016

B5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

B6. Meal Times: Start: 8 AM :00 End: 9 AM :00

B7. Food Production Facility:

B8. Average Daily Participation (non-camp only): 40

B9. Maximum number of meals that may be served (state use only): 80

**SFSP Site Application  
For School Year: 2015 - 2016**

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. County: FORT BEND (079)
- 5. Nearest cross street: Highway 90

**Mailing Address**

---

- 6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
- 7. City: Richmond
- 8. State: TX Zip: 77469

**Contracting Entity Contact for this Site**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Ms.                                      | Vesser     | Mason               |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

---

- 17. Geographic Location: Urban
- 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. Has the site ever participated in the Summer Food Service Program under this Contracting Entity? # Yes

35. Operation Dates: Start: 06/06/2016 End: 07/21/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	16	11	0	0

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
- Offer vs. Serve
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- 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. Does this site allow a fruit, vegetable or grain item 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

### Lunch

L1. Meal Service Method: Vended by Food Service Management Company (FSMC)

L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	16	11	0	0

L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/21/2016

L5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

L6. Meal Times: Start: 12 Noon :00 End: 2 PM :00

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 15

L9. Maximum number of meals that may be served (state use only): 40

# Summer Food Service Program

Applications | File | Compliance | Reports | Administration | Home

Program Year: 2015 - 2016

Applications > Application Packet > Packet Site List - SFSP >

Program Year: 2015 - 2016

[VIEW](#) | [MODIFY](#) | [DELETE](#)

## SFSP Site Application For School Year: 2015 - 2016

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

1222 Status: Active

**BATES ALLEN PARK- KENDLETON**

630 CHARLIE ROBERTS LANE

KENDLETON, TX 77451

Version: Original


### Street Address

- Address Line 1: 630 CHARLIE ROBERTS LANE  
Address Line 2:
- City: KENDLETON
- State: TX Zip: 77451
- County: FORT BEND (079)
- Nearest cross street: HWY 59


### Mailing Address

- Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
- City: Richmond
- State: TX Zip: 77469

### Contracting Entity Contact for this Site

- |                    | Salutation  | First Name                               | Last Name           |
|--------------------|---|--|---------------------|
| 9. Name:           | Ms.   | CRYSTAL                                  | MARTINEZ            |
| 10. Email Address: |  | Crystal.Martinez@fortbendcountytexas.gov |                     |
| 11. Phone:         | (281) 835-9419  | Ext:                                     | Fax: (281) 416-0642 |
| 12. Title:         | Summer Food Coordinator   |  |                     |

### Site Supervisor (Contact at the Site)

- |                    | Salutation  | First Name                               | Last Name           |
|--------------------|---|--|---------------------|
| 13. Name:          | Mr.   | Conner                                   | Grim                |
| 14. Email Address: |  | Crystal.Martinez@fortbendcountytexas.gov |                     |
| 15. Phone:         | (281) 835-9419  | Ext:                                     | Fax: (281) 416-0682 |
| 16. Title:         | Site Supervisor   |  |                     |

### Site Eligibility

35. Operation Dates: Start: 06/13/2016 End: 07/29/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	20	0	0

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

Offer vs. Serve

Unitized meal

Family Style (for Closed Enrolled and Camp sites only)

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. Does this site allow a fruit, vegetable or grain item 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

### Lunch

L1. Meal Service Method: Vended by Food Service Management Company (FSMC)

L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	20	0	0

L4. Meal Serving Dates (non-camp only): Start: 06/13/2016 End: 07/29/2016

L5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu  Fri Sat

L6. Meal Times: Start: 11:00 AM End: 1:00 PM

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 25

L9. Maximum number of meals that may be served (state use only): 60

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1218 Status: Active  
**BARBARA JORDAN / TW DAVIS YMCA #4**  
 8705 Park St  
 Needville, TX 77461

Version: Original

**Street Address**

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- 1. Address Line 1: 8705 Park St  
Address Line 2:
- 2. City: Needville
- 3. State: TX Zip: 77461
- 4. County: FORT BEND (079)
- 5. Nearest cross street: Noble St. Needville, Texas 77461

**Mailing Address**

---

- 6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
- 7. City: Richmond
- 8. State: TX Zip: 77469

**Contracting Entity Contact for this Site**

---

- |                    | Salutation                               | First Name | Last Name           |
|--------------------|--|------------|---------------------|
| 9. Name:           | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address: | crystal.martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:         | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:         | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |                    | Salutation                               | First Name | Last Name           |
|--------------------|--|------------|---------------------|
| 13. Name:          | Mr.                                      | Justin     | Martinez            |
| 14. Email Address: | crystal.martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:         | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:         | Site Supervisor                          |            |                     |

**Site Eligibility**

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- 17. Geographic Location: Urban
- 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. Has the site ever participated in the Summer Food Service Program under this Contracting Entity?  Yes  No
- 23. 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

35. Operation Dates: Start: 06/06/2016 End: 07/28/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	16	15	0	0

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

Offer vs. Serve

Unitized meal

Family Style (for Closed Enrolled and Camp sites only)

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. Does this site allow a fruit, vegetable or grain item 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

### Lunch

L1. Meal Service Method: Vended by Food Service Management Company (FSMC)

L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	16	15	0	0

L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/28/2016

L5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu Fri Sat

L6. Meal Times: Start: 11:00 AM End: 1:00 PM

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 20

L9. Maximum number of meals that may be served 20 (state use only):

L10. 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.

L11. Indicate your plan for the storage or disposal of Refrigerate and serve the following day leftover meals or components:

L12. Indicate your plan for serving meals during Serve indoors

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1213 Status: Active  
**BOWIE ELEMENTARY/TW DAVIS #2**  
2304 Bamore Rd.  
Rosenberg, TX 77471

Version: Original

**Street Address**

---

1. Address Line 1: 2304 Bamore Rd.  
Address Line 2:
2. City: Rosenberg
3. State: TX Zip: 77471
4. County: FORT BEND (079)
5. Nearest cross street: Southgate Dr.


**Mailing Address**

---

6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
7. City: Richmond
8. State: TX Zip: 77469

**Contracting Entity Contact for this Site**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  |  | Jamie      | Martinez            |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

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17. Geographic Location: Urban
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. Has the site ever participated in the Summer Food Service Program under this Contracting Entity?  Yes  No
23. 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

## Lunch

- L1. Meal Service Method: Vended by Food Service Management Company (FSMC)
- L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern
- Note:** Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.
- L3. Enter the number of days the meal will be served each month:
- | OCT<br>2015 | NOV<br>2015 | DEC<br>2015 | JAN<br>2016 | FEB<br>2016 | MAR<br>2016 | APR<br>2016 | MAY<br>2016 | JUN<br>2016 | JUL<br>2016 | AUG<br>2016 | SEP<br>2016 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 16          | 15          | 0           | 0           |
- L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/28/2016
- L5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu Fri Sat
- L6. Meal Times: Start: 11:00 AM End: 1:00 PM
- L7. Food Production Facility:
- L8. Average Daily Participation (non-camp only): 20
- L9. Maximum number of meals that may be served (state use only): 120
- L10. 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.
- L11. Indicate your plan for the storage or disposal of Refrigerate and serve the following day leftover meals or components:
- L12. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):
- Serve indoors
- Other (provide explanation below):

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1210 Status: Active  
**TAYLOR RAY ELEMENTARY SCHOOL**  
2611 Ave N  
Rosenberg, TX 77471

Version: Original

**Street Address**

---

- 1. Address Line 1: 2611 Ave N  
Address Line 2:
- 2. City: Rosenberg
- 3. State: TX Zip: 77471
- 4. County: FORT BEND (079)
- 5. Nearest cross street: Ward Street


**Mailing Address**

---

- 6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
- 7. City: Richmond
- 8. State: TX Zip: 77469


**Contracting Entity Contact for this Site**

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- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

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- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Mr.                                      | Joshua     | Glover              |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

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

35. Operation Dates: Start: 06/06/2016 End: 07/29/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	15	0	0

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
- Offer vs. Serve
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- 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. Does this site allow a fruit, vegetable or grain item 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

### Lunch

L1. Meal Service Method: Vended by Food Service Management Company (FSMC)

L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	15	0	0

L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016

L5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

L6. Meal Times: Start: 11:00 AM End: 1:00 PM

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 75

L9. Maximum number of meals that may be served 100  
(state use only):

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1232 Status: Active  
**RICHMOND-ROSENBERG BOYS AND GIRLS CLUB**  
1800 James L. Pink Blvd  
Richmond, TX 77469

Version: Original

**Street Address**

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1. Address Line 1: 1800 James L. Pink Blvd  
Address Line 2:  
2. City: Richmond  
3. State: TX Zip: 77469  
4. County: FORT BEND (079)  
5. Nearest cross street: Collins Rd.


**Mailing Address**

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6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow  
7. City: Fresno  
8. State: TX Zip: 77469


**Contracting Entity Contact for this Site**

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- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Mr.                                      | Donovan    | Jackson             |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

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

## Lunch

- L1. Meal Service Method: Vended by Food Service Management Company (FSMC)
- L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern
- Note:** Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.
- L3. Enter the number of days the meal will be served each month:
- | OCT<br>2015 | NOV<br>2015 | DEC<br>2015 | JAN<br>2016 | FEB<br>2016 | MAR<br>2016 | APR<br>2016 | MAY<br>2016 | JUN<br>2016 | JUL<br>2016 | AUG<br>2016 | SEP<br>2016 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 19          | 20          | 0           | 0           |
- L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016
- L5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu  Fri Sat
- L6. Meal Times: Start: 12:00 PM End: 2:00 PM
- L7. Food Production Facility:
- L8. Average Daily Participation (non-camp only): 150
- L9. Maximum number of meals that may be served (state use only): 200
- L10. 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.
- L11. Indicate your plan for the storage or disposal of Refrigerate and serve the following day leftover meals or components:
- L12. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):
- Serve indoors
- Other (provide explanation below):

## Meal Time Exception

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35. Operation Dates: Start: 06/06/2016 End: 07/29/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

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
- Offer vs. Serve
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- 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. Does this site allow a fruit, vegetable or grain item 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

B1. Meal Service Method: Vended by Food Service Management Company (FSMC)

B2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

B3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

B4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016

B5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

B6. Meal Times: Start: 8:00 AM End: 9:00 AM

B7. Food Production Facility:

B8. Average Daily Participation (non-camp only): 80

B9. Maximum number of meals that may be served (state use only): 150

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1207 Status: Active  
**MUSTANG COMMUNITY CENTER**  
 4521 FM 521 North  
 Fresno, TX 77545

Version: Original

**Street Address**

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1. Address Line 1: 4521 FM 521 North  
Address Line 2:
2. City: Fresno
3. State: TX Zip: 77545
4. County: FORT BEND (079)
5. Nearest cross street: Highway 6 South


**Mailing Address**

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6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
7. City: Fresno
8. State: TX Zip: 77545

**Contracting Entity Contact for this Site**

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- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Mrs.                                     | Maria      | Cruz                |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

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17. Geographic Location: Urban
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. Has the site ever participated in the Summer Food Service Program under this  Yes  No

## Lunch

- L1. Meal Service Method: Vended by Food Service Management Company (FSMC)
- L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern
- Note:** Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.
- L3. Enter the number of days the meal will be served each month:
- | OCT<br>2015 | NOV<br>2015 | DEC<br>2015 | JAN<br>2016 | FEB<br>2016 | MAR<br>2016 | APR<br>2016 | MAY<br>2016 | JUN<br>2016 | JUL<br>2016 | AUG<br>2016 | SEP<br>2016 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 19          | 20          | 0           | 0           |
- L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016
- L5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu  Fri Sat
- L6. Meal Times: Start: 12:00 PM End: 2:00 PM
- L7. Food Production Facility:
- L8. Average Daily Participation (non-camp only): 80
- L9. Maximum number of meals that may be served (state use only): 100
- L10. 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.
- L11. Indicate your plan for the storage or disposal of Refrigerate and serve the following day leftover meals or components:
- L12. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):
- Serve indoors
  - Other (provide explanation below):  
Serve meals indoor

35. Operation Dates: Start: 06/06/2016 End: 07/29/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

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  
 Offer vs. Serve  
 Unitized meal  
 Family Style (for Closed Enrolled and Camp sites only)  
 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. Does this site allow a fruit, vegetable or grain item 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

B1. Meal Service Method: Vended by Food Service Management Company (FSMC)

B2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

B3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

B4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016

B5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

B6. Meal Times: Start: 8:00 AM End: 9:00 AM

B7. Food Production Facility:

B8. Average Daily Participation (non-camp only): 80

B9. Maximum number of meals that may be served (state use only): 100

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1228 Status: Active  
**MEYER ELEMENTARY**  
1930 J. Meyer Rd.  
Richmond, TX 77469

Version: Original

**Street Address**

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1. Address Line 1: 1930 J. Meyer Rd.  
Address Line 2:
2. City: Richmond
3. State: TX Zip: 77469
4. County: FORT BEND (079)
5. Nearest cross street: Hwy 36

**Mailing Address**

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6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
7. City: Richmond
8. State: TX Zip: 77469

**Contracting Entity Contact for this Site**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Ms.                                      | Katy       | Sydow               |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

---

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

35. Operation Dates: Start: 06/06/2016 End: 07/28/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	16	15	0	0

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
- Offer vs. Serve
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- 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. Does this site allow a fruit, vegetable or grain item 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

### Lunch

L1. Meal Service Method: Vended by another SFSP Contracting Entity

L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	16	15	0	0

L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/28/2016

L5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

L6. Meal Times: Start: 11:00 AM End: 1:00 PM

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 20

L9. Maximum number of meals that may be served (state use only): 30

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1214 Status: Active  
**JANE LONG ELEMENTARY**  
907 Main St.  
Richmond, TX 77469

Version: Original

**Street Address**

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1. Address Line 1: 907 Main St.  
Address Line 2:
2. City: Richmond
3. State: TX Zip: 77469
4. County: FORT BEND (079)
5. Nearest cross street: FM 762


**Mailing Address**

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6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
7. City: Richmond
8. State: TX Zip: 77469


**Contracting Entity Contact for this Site**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Miss                                     | Briana     | Gonzalez            |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

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

35. Operation Dates: Start: 06/06/2016 End: 07/28/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	15	0	0

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  
Offer vs. Serve
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- 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. Does this site allow a fruit, vegetable or grain item 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

### Lunch

L1. Meal Service Method:

Vended by Food Service Management Company (FSMC)

L2. School Nutrition Program Menu Pattern:

SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

Same as the Site Operation

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	15	0	0

L4. Meal Serving Dates (non-camp only):

Start: 06/06/2016 End: 07/28/2016

L5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

L6. Meal Times:

Start: 11 AM :00 End: 1 PM :00

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 35

L9. Maximum number of meals that may be served (state use only): 75

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1229 Status: Active  
**JACKSON ELEMENTARY**  
301 Third Street  
Rosenberg, TX 77471

Version: Original

**Street Address**

---

1. Address Line 1: 301 Third Street  
Address Line 2:
2. City: Rosenberg
3. State: TX Zip: 77471
4. County: FORT BEND (079)
5. Nearest cross street: Avenue C


**Mailing Address**

---

6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Departmen-Kitty Hollow
7. City: Richmond
8. State: TX Zip: 77469


**Contracting Entity Contact for this Site**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Summer Food Coordinator                  |            |                     |

**Site Supervisor (Contact at the Site)**

---

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Mr.                                      | Ben        | Anders              |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

---

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

35. Operation Dates: Start: 06/06/2016 End: 07/28/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	15	0	0

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

Offer vs. Serve

Unitized meal

Family Style (for Closed Enrolled and Camp sites only)

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. Does this site allow a fruit, vegetable or grain item 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

### Lunch

L1. Meal Service Method: Vended by Food Service Management Company (FSMC)

L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	14	15	0	0

L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/28/2016

L5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat

L6. Meal Times: Start: 11:00 AM End: 1:00 PM

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 75

L9. Maximum number of meals that may be served (state use only): 95

**SFSP Site Application  
For School Year: 2015 - 2016**

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

1205 Status: Active  
**FOUR CORNERS COMMUNITY CENTER**  
15700 Old Richmond Road  
Sugarland, TX 77498

**Version: Original**

**Street Address**

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- 1. Address Line 1: 15700 Old Richmond Road  
Address Line 2:
- 2. City: Sugarland
- 3. State: TX Zip: 77498
- 4. County: FORT BEND (079)
- 5. Nearest cross street: West Belfort


**Mailing Address**

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- 6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
- 7. City: Richmond
- 8. State: TX Zip: 77469


**Contracting Entity Contact for this Site**

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- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Program Coordinator                      |            |                     |

**Site Supervisor (Contact at the Site)**

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- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Mrs.                                     | Ashley     | Vazquez             |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

**Site Eligibility**

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

35. Operation Dates: Start: 06/06/2016 End: 07/29/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

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

Offer vs. Serve

Unitized meal

Family Style (for Closed Enrolled and Camp sites only)

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. Does this site allow a fruit, vegetable or grain item 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

B1. Meal Service Method: Vended by Food Service Management Company (FSMC)

B2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

B3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

B4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016

B5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu  Fri Sat

B6. Meal Times: Start: 8:00 AM End: 9:00 AM

B7. Food Production Facility:

B8. Average Daily Participation (non-camp only): 25

B9. Maximum number of meals that may be served 100  
(state use only):

## Lunch

- L1. Meal Service Method:
- L2. School Nutrition Program Menu Pattern:
- Note:** Menu planning option must be "SFSP Menu Pattern" unless Contracting Entity is a SFA or is vended by a SFA.
- L3. Enter the number of days the meal will be served each month:
- Same as the Site Operation
- | OCT<br>2015 | NOV<br>2015 | DEC<br>2015 | JAN<br>2016 | FEB<br>2016 | MAR<br>2016 | APR<br>2016 | MAY<br>2016 | JUN<br>2016 | JUL<br>2016 | AUG<br>2016 | SEP<br>2016 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 0           | 0           | 0           | 0           | 0           | 0           | 0           | 0           | 19          | 20          | 0           | 0           |
- L4. Meal Serving Dates (non-camp only): Start:  End:
- L5. Days served:  Mon-Fri  Sun  Mon  Tue  Wed  Thu  Fri  Sat
- L6. Meal Times: Start:  :00 End:  :00
- L7. Food Production Facility:
- L8. Average Daily Participation (non-camp only):
- L9. Maximum number of meals that may be served (state use only):
- L10. 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.
- L11. Indicate your plan for the storage or disposal of leftover meals or components:
- L12. Indicate your plan for serving meals during inclement weather (ex: Ozone action days, excessive heat, rain):
- Other (provide explanation below):  
cancel if necessary for sever weather

## SFSP Site Application For School Year: 2015 - 2016

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

1204 Status: Active  
**FIFTH STREET COMMUNITY CENTER**  
 3110 Fifth Street  
 Stafford, TX 77477

Version: Original


### Street Address

1. Address Line 1: 3110 Fifth Street  
Address Line 2:
2. City: Stafford
3. State: TX Zip: 77477
4. County: FORT BEND (079)
5. Nearest cross street: FM 1092

### Mailing Address

6. Address Line 1: 301 Jackson St.  
Address Line 2: Parks Department-Kitty Hollow
7. City: Richmond
8. State: TX Zip: 77469

### Contracting Entity Contact for this Site

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 9. Name:   | Mrs.                                     | Crystal    | Martinez            |
| 10. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 11. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 12. Title:   | Program Coordinator                      |            |                     |

### Site Supervisor (Contact at the Site)

- |  | Salutation                               | First Name | Last Name           |
|--|--|------------|---------------------|
| 13. Name:  | Mrs.                                     | Colleen    | Crottie             |
| 14. Email Address:  | Crystal.Martinez@fortbendcountytexas.gov |            |                     |
| 15. Phone:   | (281) 835-9419                           | Ext:       | Fax: (281) 416-0682 |
| 16. Title:   | Site Supervisor                          |            |                     |

### Site Eligibility

17. Geographic Location: Urban
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

35. Operation Dates: Start: 06/06/2016 End: 07/29/2016

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

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

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
- Offer vs. Serve
- Unitized meal
- Family Style (for Closed Enrolled and Camp sites only)
- 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. Does this site allow a fruit, vegetable or grain item 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

B1. Meal Service Method: Vended by Food Service Management Company (FSMC)

B2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

B3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

B4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016

B5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu  Fri Sat

B6. Meal Times: Start: 8:00 AM End: 9:00 AM

B7. Food Production Facility:

B8. Average Daily Participation (non-camp only): 50

B9. Maximum number of meals that may be served 200  
(state use only):

## Lunch

L1. Meal Service Method: Vended by Food Service Management Company (FSMC)

L2. School Nutrition Program Menu Pattern: SFSP Menu Pattern

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

L3. Enter the number of days the meal will be served each month:

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	19	20	0	0

L4. Meal Serving Dates (non-camp only): Start: 06/06/2016 End: 07/29/2016

L5. Days served: Mon-Fri Sun  Mon  Tue  Wed  Thu  Fri Sat

L6. Meal Times: Start: 12:00 PM End: 2:00 PM

L7. Food Production Facility:

L8. Average Daily Participation (non-camp only): 110

L9. Maximum number of meals that may be served 230  
(state use only):