

SFSP Meals During Unanticipated School Closures Addendum and Form A Checklist



This checklist can be used by SFAs to ensure Step 1 documents are complete before they are submitted to the Office of Child Nutrition for review and approval.

ADDENDUM

- Page 1: Name of sponsor completed
- Page 1: Anticipated start date completed
- Page 2: Printed name of Authorized* Sponsor Representative completed
(*This can be Child Nutrition director *if authorized to sign on behalf of SFA*)
- Page 2: Signature of Authorized Sponsor Representative is present
- Page 2: Date signed is present

FORM A

- Field 2B (District Name) is completed
- Field 4B (Contact Name) is completed. This will be the Child Nutrition director.
- Field 5B (Contact Number) is completed. This should be the phone number that the Child Nutrition director can be most easily reached at.
- Field 6B (Alternate Number) is completed. This field is mandatory.
- Field 7B (Email Address) is completed.
- Field 8B: One of the training options is selected
(See e-mail from Scott Clements for information on “Alternate Training Method”)
- Field 9B: Yes or No is selected (**YES must be selected for approval**)
- N/A Field 10B: This field has been pre-populated with “Yes.” No action needed.

For each site:

- Site Name, Dates of Operation and Eligibility Method must be completed.
- REMINDER: for Eligibility Method, if “Under 50% F/R” is selected, Form B must also be filled out.**
- For each site, populate the “Yes” or “No” under each meal type (including meal types that will not be served at the site)
- For any meal that is populated “Yes,” meal service time must be listed

FORM B (if applicable) – Complete separate checklist

Form B must be completed *in addition to Form A* if any site has any of these circumstances:

- (1) Off-site delivery of meals
- (2) Multiple meals being served at one time
- (3) Serving a site with less than 50% f/r eligibility (must explain how SFA will target known f/r-eligible children)

SFA Name: _____