

Seamless Summer Option (SSO)/Summer Food Service Program (SFSP) COVID-19 Application

School Food Authority (SFA) or SFSP Sponsor Name  SFA or SFSP Sponsor LEA Code	Meals will be served under the following option:  <input type="checkbox"/> SSO <input type="checkbox"/> SFSP
<input type="checkbox"/> Check here to include all active Recipient Agencies (RA) or SFSP Sites. If not applying for entire SFA or SFSP Sponsor, list the RA(s) or SFSP Site(s) Name(s) and LEA Code(s). Attach additional sheet(s), as necessary. It is the SFA's responsibility to ensure the included RA(s) or Site(s) is aware of their involvement and the plans identified below.	Meals to be offered (Check up to two):  <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper (SFSP only) <input type="checkbox"/> Snack
Flexibility being requested (Check up to two):	
<input type="checkbox"/> Non-congregate meal service (children will not need to stay on site while meals are consumed) <input type="checkbox"/> Serving at closed school building	
1. At what point following a COVID 19-related closure would the meal service start?	
2. Describe the meal distribution method(s) to be used and how children from closed schools will be targeted.	
3. Describe how the meal distribution will target low-income children, if the school does not have 50 percent or more free or reduced price children enrolled.	
4. Describe how the SFA will communicate the availability of meals to eligible families.	
5. Describe how the SFA will accommodate students with documented special dietary needs.	
6. Describe how the SFA will ensure proper operation of the program, including (a) meal content, (b) meal counts, (c) oversight, and (d) food safety.	
a) b) c) d)	

- I am agreeing to amend the Single Permanent Agreement to include SSO.
- I am operating SFSP in accordance with the signed Single Permanent Agreement on file.

_____ NAME AND TITLE OF SFA REPRESENTATIVE (PRINT)	_____ SIGNATURE OF SFA REPRESENTATIVE	_____ DATE
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