

Dear Provider,

Thank you for your interest in applying for and receiving meals from FLIPANY as a Department of Health Afterschool Meal location.

For all sites applying for the first time, you must be a 501(c)3 non-profit organization or municipality that provides group enrichment programming to children ages 5 to 18. Locations may include but are not limited to: afterschool centers, community centers, libraries, academic centers, martial art centers, faith-based organizations, hospital/medical centers, etc.

Additionally, the CCFP Checklist attached, encompasses the entire application. Items marked with X's are completed internally by FLIPANY staff. Highlighted items are to be worked on by your Site Agency, and they are listed below:

- **Site Information Form** attached.
 - *Skip Questions #3, 10, 13, 14, 15.*
 - *For Question #9: indicate a time for Afternoon Snack (AS) as well as Suppers (SU). If applicable, indicate Lunch (LU) and Afternoon Snack (AS) for Non-School Days.*
Start here
- **Licensing Status:** Child Care License or DCF Exemption Letter
 - *If you do not have a license/exemption OR do not know your DCF Status, **please start** with the DCF Questionnaire. The Questionnaire MUST be submitted to the address listed on the form.*
 - *Once DCF replies, please forward that correspondence to us – next steps will follow.*
- **Food Service Documentation:** DCF Food Inspection Report (if DCF License) or Food Permit (if DCF Exemption Letter)
 - *If you do not have a Food Permit and one is required:*
 - **Make an appointment with The Department of Health - please call (305) 623 – 3500 (Miami-Dade), 954-467-4700 (Broward), and (561) 837-5996 (Palm Beach) ...or local County Department if other. Ask to schedule a “Plan Review”.**
 - **To the appointment, bring with you (confirm with Department): Exemption Letter, Kitchen Plan (template attached), recent Water/Sewer Bill, and Catering License (FLIPANY will provide upon request).**
 - **DOH will need to do (1) a plan review, (2) an inspection and (3) provide a food permit. The total cost for all three is approximately \$416.00 with an annual renewal cost of \$267.00.**
- **Documentation of Occupancy/ Maximum Capacity** for the address (not necessary if site holds a DCF License which already states the capacity)
 - *If the maximum capacity is not listed on your DCF License or you are an Exempt site, please make a request to the local fire department for this information.*
- **IRS Letter of 501(c)(3) Tax Exempt Status**

**Florida Department of Health
Child Care Food Program**

Checklist for Adding an Afterschool Meals Program (AMP) Site

Sponsoring Organization Name: _____ Authorization #: A-_____
 Site Name: _____

Does the sponsoring organization listed above own the site and/or operate the afterschool program at the site?

_____ **YES** (affiliated site): Items 1 – 9 are required, and completion of catering section on page 2.

_____ **NO** (unaffiliated site): Items 1-12 (as applicable) are required, and completion of catering section on page 2.

For each site you wish to add, send this completed checklist and the following applicable materials for approval. Please check the items enclosed and write NA for items that do not apply.

- ___ 1. **Change Form:** Complete the identifying information at the top, the table in # 5, sign, date, and attach. You may use one Change Form to add two sites, but each site must have a Checklist for Adding an AMP Site.
- ___ 2. **Site Information Form:** Complete for the new site and attach.
- ___ 3. **Documentation of School Zone:** Attach copy of school district website print out, letter/email from school official, or school zone map with attendance boundaries and site location clearly marked.
- ___ 4. **Documentation of Licensing Status:** Attach a current (not expired) copy of one of the following documents that includes the site's name and current address.
 - Letter from DCF or Local Licensing Agency stating licensure is not required; or
 - Child Care License from DCF or Local Licensing Agency; or
 - Religious-Exempt Accreditation Certificate
- ___ 5. **Food Service Documentation:** Based on the site type described below, attach a current copy of the specified document that includes the site's name and current address.
 - Afterschool program not required to be licensed – DOH Food Permit
 - Licensed child care center – satisfactory Licensing Inspection Report from DCF or Local Licensing Agency that was issued within the past 12 months
 - Religious-exempt child care center – satisfactory DOH Food Service Inspection Report that was issued within the past 12 months
- ___ 6. **Documentation of Maximum Capacity:** Attach copy of current Fire Marshal Inspection Report/Permit, Occupancy Permit, or other document issued by a state or local government health/safety authority that shows approved site capacity/occupancy limit. (Required only if the site does not have a state or county issued Child Care License establishing capacity or a DOH Food Permit establishing a seating capacity greater than zero.)
- ___ 7. **News Release** for the new site(s): Complete and submit a copy to your media choice(s). Attach a copy. *Remember to include the list of media outlets the release was/will be sent to and the date the release was/will be sent.*
- ___ 8. **Pre-Approval Visit for Prospective Site:** Visit the site, complete the Pre-Approval Visit form, and attach a copy.
- ___ 9. **Disqualified Lists Check:** Check both Disqualified Lists in MIPS for the site's name, address, and responsible principals/individuals. If any matches are found, contact the Tallahassee CCFP office before submitting paperwork to add the site.

This section is for DOH USE ONLY:	Date Checked	Initials
Verify site name, address, and manager are not listed on the NDL or either FDL.		
Verify site address is not already on program, or is serving different children if it is.		

**Florida Department of Health
Child Care Food Program**

Checklist for Adding an Afterschool Meals Program (AMP) Site

Additional Items for Unaffiliated Private Non-Profit* Sites Only:

*Please note that for-profit sites must already be participating in the traditional CCFP and meet additional requirements to participate in the AMP. Please contact the Tallahassee office for more information if your organization is interested in sponsoring for-profit sites.

- 10. **IRS Letter of 501(c)(3) Tax Exempt Status:** Attach a copy. (Not required if site is operated by a church/synagogue/temple/mosque that meets IRS requirements to be exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.)
- 11. **Statement of Authority:** Attach only if the non-profit site is using the 501(c)(3) documentation of a parent organization. The form must be signed by authorized representatives of the site and its parent organization.
- 12. **Termination letter sent to former sponsor:** Attach only if site is transferring from another unaffiliated sponsor.

Does the site receive meals from a caterer on the current CCFP Caterer List?

NO

YES: Check only one of the following statements.

- This site will receive catered meals under the sponsor's existing CCFP catering contract.
- This site has completed catering training and has properly procured its own CCFP catering contract, which is less than \$50,000.
- This site has completed catering training, properly procured its own CCFP catering contract totaling \$50,000 or more, and received DOH approval from Brenda Crosby (email: Brenda.Crosby@flhealth.gov) prior to executing the contract.

Florida Department of Health
Child Care Food Program

Afterschool Meals Program Site Information

USE THIS BLANK FORM ONLY FOR NEW SITES THAT YOU ARE REQUESTING TO BE APPROVED FOR THE AFTERSCHOOL MEALS PROGRAM (AMP). *BEFORE COMPLETING THIS FORM, REFER TO THE INSTRUCTIONS ON PAGE 5.*****

DOH USE ONLY (select site classification): ___ Independent ___ Unaffiliated ___ Affiliated

Authorization Number: A- _____ Organization Name: _____

1. Site Information:

Site Name: _____ Facility Number: _____

Street Address (physical location): _____

City: _____ State: ___ Zip: _____ County: _____

Phone Number: _____ Extension: _____ Fax Number: _____

2. AMP On-Site Manager (person on site who oversees daily food program operations):

Salutation: ___ First Name: _____ Last Name: _____

Position Title: _____

Phone Number: _____ Extension: _____ Fax Number: _____

Email Address: _____

3. Area Eligibility Information

A. Eligibility based on (select only one):

___ Single School School Name: _____

___ School Choice Zone Zone Name: _____

B. 50% or more free and reduced-price school meals documented by (select only one):

___ CCFP 50% School List Effective: _____ / _____ (Month/Year)

___ Current School District Data*: _____ / _____ (Month/Year)

*only allowable if site does not qualify using the CCFP 50% School List in effect when eligibility is determined

C. Eligibility Determination Date _____ / _____ (Month/Year)

4. List all the specific educational and/or enrichment activities provided at this site:

5. Type of Site (select only one):

Private Non-Profit with Current 501(c)(3)

Church (private non-profit)

Public

For-Profit (must be a traditional child care center already on CCFP)

6. Is site currently on the CCFP or AMP under other Authorization Number(s)? _____ Yes _____ No
If yes, list Authorization #(s): _____

7. Is site located in a school? _____ Yes (answer 7.A-7.D) _____ No (answer 7.E-7.F)

A. Does this site serve only the children who attend the school during the school day? _____ Yes _____ No
 (If **No**, site must be licensed or have an official letter from the licensing agency stating it is not required to be licensed)

B. What time does the school day normally end? _____ p.m.

C. Does the school have early release days each week? _____ Yes _____ No
If yes, list early release day(s) and time(s): _____

D. Are meals served to multiple afterschool programs at the school? _____ Yes _____ No

E. Based on the schools your participating children attend, what is the earliest time that the school day normally ends? _____ p.m.

F. Do any of these schools have early release days each week? _____ Yes _____ No
If yes, list early release day(s) and time(s): _____

8. Licensure Information: (Check only one)

License issued by state or local child care licensing agency – Attach copy of current license
 Capacity: _____ License #: _____ Expiration Date: _____

Religious-Exempt from state or local child care licensure – Attach copy of current certificate issued by the accrediting agency for religious-exemption
 Capacity: _____ Certificate #: _____ Expiration Date: _____

Maximum building capacity/occupancy*: _____ (shown on attached Fire Marshal Certificate, Occupancy Permit, or other document issue by a state or local government health/safety authority)

***The maximum capacity for claiming CCFP/AMP meals will be based on the lesser of what is shown on the religious-exempt certificate or the maximum building capacity/occupancy documentation.**

Not required to be licensed per the state or local child care agency – Attach current copy of official letter issued by the state or local licensing agency for the site unless previously submitted to DOH.

(**Note:** School sites that are not required to be licensed and serve only the children who attend that school during the day do not need to attach a letter.)

Expiration Date (if shown on letter): _____

9. Operational and Meal Service Information:

A. Program Operating Hours, Meal types, and Meal Times: Complete the following tables as applicable.

NOTE: A maximum of one meal and one snack (or two different snacks) per child per day can be claimed. Meal service times must be within the program operating hours listed. **Refer to instructions on page 5 for rules about meal service times.**

Afterschool Weekdays (M-F) (complete if claiming meals and/or snacks served after the end of the regular school day)	
Program Operating Hours:	Starts: _____ p.m. Ends: _____ p.m.
Meal and/or snack to be claimed & service times:	
<input type="checkbox"/> Afternoon Snack (AS)	Starts: _____ Ends: _____
<input type="checkbox"/> Supper (SU)	Starts: _____ Ends: _____
<input type="checkbox"/> Evening Snack (ES)	Starts: _____ Ends: _____

Non-School Weekdays (M-F) (complete if claiming meals and/or snacks served on holidays, vacations, or teacher planning days during the regular school year)	
Program Operating Hours:	Starts: _____ Ends: _____
Meal to be claimed & service times:	Snack(s) to be claimed & service times:
<input type="checkbox"/> Breakfast (BR): Starts: _____ Ends: _____	<input type="checkbox"/> Morning Snack (MS): Starts: _____ Ends: _____
<input type="checkbox"/> Lunch (LU) Starts: _____ Ends: _____	<input type="checkbox"/> Afternoon Snack (AS): Starts: _____ Ends: _____
<input type="checkbox"/> Supper (SU): Starts: _____ Ends: _____	<input type="checkbox"/> Evening Snack (ES): Starts: _____ Ends: _____

Weekends (S-S) (complete if claiming meals and/or snacks served on Saturdays and/or Sundays during the regular school year)	
Program Operating Hours:	Starts: _____ Ends: _____
Meal to be claimed & service times:	Snack(s) to be claimed & service times:
<input type="checkbox"/> Breakfast (BR): Starts: _____ Ends: _____	<input type="checkbox"/> Morning Snack (MS): Starts: _____ Ends: _____
<input type="checkbox"/> Lunch (LU) Starts: _____ Ends: _____	<input type="checkbox"/> Afternoon Snack (AS): Starts: _____ Ends: _____
<input type="checkbox"/> Supper (S): Starts: _____ Ends: _____	<input type="checkbox"/> Evening Snack (ES): Starts: _____ Ends: _____

B. Will any meal service be conducted at times different from what is listed above? ___Yes ___No
If yes, list the specific meal types, days, start/finish times, and reason for each alternate meal time:

C. Days of the Week Meals will be Claimed:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

10. Method(s) of Meal Service: Check each method of meal service that will be used. For each method checked, directly below it circle the meal types that will be prepared using that method. **See meal type abbreviations in # 9A.**

- Site prepares meals on-site:
BR MS LU AS SU ES
- Site receives meals from another site or central preparation site owned by the contractor:
BR MS LU AS SU ES Name of Food Preparation Site: _____
- Site or sponsor contracts with local public school system:
BR MS LU AS SU ES
- Site or sponsor contracts with another approved CCFP site with which it is not affiliated (this is not an option for sites licensed by DCF or a county child care licensing agency):
BR MS LU AS SU ES Name of Food Preparation Site: _____
- Site or sponsor contracts with a DOH listed caterer:
BR MS LU AS SU ES Name of Caterer (leave blank for Part 1 application): _____

11. Number of Participating Children:

- A. Number of Afterschool Children age 12 and under _____
- B. Number of Afterschool Children age 13 to 18 _____
- C. Total Afterschool Children Participating (Sum of 11.A plus 11.B) _____
- D. Maximum Capacity (number of children allowed at site at the same time) _____
- E. Will the number of children served daily ever exceed the number listed in 11.D? ____Yes ____No
If yes, explain why: _____

12. Record the number of afterschool children in attendance by ethnicity and race: (These totals may be less than or equal to the total Afterschool Children Participating in # 11.C, depending on how many children are present when the count is taken. Children must be counted as either Hispanic or Non-Hispanic and must be counted in at least one race category. Therefore, the Race Total cannot be less than the Ethnicity Total.)

Ethnicity Totals:

Hispanic or Latino	Not Hispanic or Latino	= Ethnicity Total

Race Totals: (Children can be counted in more than one race category)

American Indian or Alaskan Native	White	Black or African American	Asian	Native Hawaiian or other Pacific Islander	= Race Total

13. Month(s) the site will NOT operate the Afterschool Meals Program in this fiscal year (check all that apply):

- October
- November
- December
- January
- February
- March
- April
- May
- June
- July
- August
- September

14. Will Site Implement Offer Versus Serve? ____Yes ____No

The following question is to be completed by Public School District Sponsors only:

15. Meal Pattern Used at Site: (check one only) _____CCFP or _____NSLP

I certify that all information on this Site Information Form is true and correct.

Signature of Authorized Employee

Title

Printed Name

Date

Instructions for Completing the Afterschool Meals Program (AMP) Site Information Form

If completing this form as part of the initial application process, leave Authorization Number blank and only fill in Organization Name at the top of the form. If your agency will be a sponsoring organization (multi-site contractor), complete a separate Site Information Form for each of your sites. For existing sponsoring organizations adding a new site, complete Authorization Number and Organization Name at the top of form.

1. Enter site name, street address (physical location), and phone/fax numbers. Also enter the Facility Number if your organization uploads site claim information into MIPS, or if you prefer to assign a specific facility number.
2. Enter name, position title, phone/fax numbers, and email address of the on-site person who oversees the food program at the site.
3. Check to indicate whether area eligibility was determined based on a single school that the site's address is zoned for or a set of schools (elementary, middle, or high) in a school choice zone; then enter the applicable school or zone name next to the option selected. Next, check to indicate the documentation used to establish that the school or school zone meets the 50% or greater free and reduced-price school meals requirement, then enter the month and year of the applicable documentation. For "Eligibility Determination Date," enter the month and year that the area eligibility determination was completed. A site's area eligibility remains effective for five years from the end of the month in which the eligibility determination was made.
4. List the specific educational and/or enrichment activities provided to the children in care at this site.
5. Select only one. **Private Non-Profit with Current 501(c)(3)** refers to a secular organization which has been formally granted and currently maintains federal tax-exempt status under section 501(c)(3) of the Internal Revenue Code, or a subsidiary of such organization that is using the tax-exempt status of the parent organization. **Church (private non-profit)** refers to a church, synagogue, temple, or mosque that meets the IRS requirements to be exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or a subsidiary of such organization that is using the tax-exempt status of the parent organization. If the site is for-profit, it must be a traditional child care center currently on the CCFP.
6. Answer accordingly. If yes, enter the other CCFP or AMP authorization number(s).
7. If the site is located in a school (public or private), select "yes". If yes, answer 7.A through 7.D. If no, answer 7.E -7.F.
8. Check the appropriate box under Licensure Information. Complete requested information if listed on the license, religious- exempt certificate, or letter from licensing agency. Attach requested documentation.
9. Site Operational and Meal Service Information:
 - A. Program Operating Hours, Meal Types, and Meal Times: Complete each applicable table based on when the site will be serving and claiming meals/snacks (Afterschool Weekdays, Non-School Weekdays, and/or Weekends). Within a table, enter the program operating hours and select the meal types to be claimed on that group of days. A maximum of one meal and one snack (or two different snacks) per child per day can be claimed. For each meal type selected, enter the meal service start and end times. If any meal/snack will be served in shifts, enter the start time of the earliest shift and the end time of the latest shift. Remember that meal times must be within the listed operating hours.

Keep in mind the following rules about meal service times:

 - When more than one meal type will be served on the AMP to the same children on the same day, at least 1 hour must elapse between the end of one meal/snack service and the beginning of the next.
 - The maximum length of time per meal/snack service is two hours, unless the site has meal service shifts. Meals/snacks served outside of the times listed cannot be claimed to the program.
 - Meal services can begin any time after the school day, but must end by 8:00 p.m.
 - B. Answer accordingly. If yes, list the specific meal types, days, start/finish times, and reason for each alternate meal time.
 - C. Check each day of the week that the site will claim meals on the AMP.
 - D. Enter the current school year start and end dates for students. The AMP operates during the school year only.
10. Check the method(s) of meal service used at the site. If more than one method is used, check all that apply. For each method that is checked, circle the meal types to be prepared using that method. If applicable, enter name of food preparation site or caterer.
11. Enter the numbers requested in 11.A-D. Answer the question in 11.E, and if yes provide an explanation.
12. Each child must be counted as either Hispanic or non-Hispanic and must be counted in at least one race category. Children may be counted in more than one race category (i.e., a bi-racial or multi-racial child may be counted in each category that pertains to him/her). The Ethnicity Total column must equal the number of children in the Hispanic and Not Hispanic categories. The Race Total column must equal the number of children in the various race categories. Finally, the number in the Race Total column must be equal to or greater than the Ethnicity Total column.
13. Select any month(s) in this fiscal year in which the site will not operate the Afterschool Meals Program at all. This means the site will not claim any meals or snacks during the entire month(s) selected.
14. Answer accordingly. Offer Versus Serve (OVS) is only allowed in AMP for breakfast, lunch, and supper meals. OVS is not allowed at snack due to only two required food components.
15. Answer accordingly.

**AFTERSCHOOL MEALS PROGRAM
SPONSOR-SITE AGREEMENT FOR UNAFFILIATED SITES**

This agreement is entered into between _____, hereinafter
Name of Sponsoring Organization
referred to as the "sponsor," and _____, hereinafter
Name of Site
referred to as the "site."

I. THE SPONSOR AGREES TO:

- A. Instruct the site to comply with site requirements set forth in the Child Care Food Program (CCFP) Procedure Manual for Afterschool Programs, as revised, and applicable CCFP policy memoranda.
- B. Train site personnel on program requirements before the site begins participation in the Afterschool Meals Program. The training will cover all required topics, including but not limited to information on meal pattern requirements; recording and maintaining menus, meal counts, and attendance records; and civil rights requirements.
- C. Offer, at least annually, additional training sessions scheduled at times and places mutually convenient for the sponsor and site.
- D. Respond to the site's requests for technical assistance within two (2) days.
- E. Distribute to the site all necessary CCFP Afterschool Meals Program record keeping forms.
- F. Collect monthly, all necessary program records for claiming CCFP Afterschool Meals Program reimbursement including, but not limited to, menus for each meal service claimed, Attendance Records, and Meal Count Records including daily meal count documentation if meal counts were recorded on another document and later transferred to the Monthly Meal Count Record form.
- G. Review the site's Afterschool Meals Program operations to assess compliance with the meal pattern, record keeping, and other program requirements. At least one review will occur during a new site's first four weeks of CCFP participation. Unless otherwise approved by the Florida Department of Health (DOH), reviews will be conducted at least three times within each 12-month period and not more than six months will elapse between reviews, even if the reviews occur in different federal fiscal years.
- H. Maintain records concerning the location and dates of all compliance reviews, problems noted, corrective actions prescribed, and sanctions imposed.
- I. Present photo identification when making visits to the site.
- J. Hold site responsible for compliance with program policies and procedures, and disallow snacks and/or meals not meeting U.S. Department of Agriculture (USDA) meal pattern requirements or not supported by appropriate records.
- K. Not discriminate against any child because of race, color, national origin, sex, age, or disability.
- L. Determine the site's area eligibility to participate in the Afterschool Meals Program at least once every five years, and maintain the site's eligibility documentation as directed in the Procedure Manual for Afterschool Programs, as revised.
- M. Provide snacks and/or prepared meals, and/or pay for catered snacks and/or meals delivered by a DOH registered caterer, to the site at no cost to the site. However, if a site is responsible for the disallowance of snacks and/or meals due to the site's failure to meet program requirements, the sponsor may charge the site for the amount that the sponsor paid for the disallowed snacks and/or meals.
- N. Not charge the site a fee for the sponsor's program services.

II. THE SITE AGREES TO:

- A. Prepare and/or serve age specific snacks and/or meals that meet program meal pattern requirements.
- B. Record meal counts within one hour of the end of each snack and/or meal service.
- C. Claim only those meal types approved by the sponsor for reimbursement.
- D. Claim reimbursement for no more than one snack and one meal per child per day.
- E. Maintain copies of all Child Care Food Program (CCFP) Afterschool Meals Program records such as menus, Meal Count Records, Attendance Records, etc. for the current fiscal year and three subsequent fiscal years. Records for the current month and the previous 12 months shall be maintained at the site. Records older than 13 months may be maintained off-site or stored electronically, but these records shall be made available to staff of the sponsor, the Florida Department of Health (DOH), the U.S. Department of Agriculture (USDA), the Florida Department of Law Enforcement (FDLE), the Florida Department of Financial Services, Division of Public Assistance Fraud, and Early Learning Coalitions upon presentation of proper photo identification.
- F. Send the previous month's claim documentation (Attendance Records, Monthly Meal Count Records and daily meal count sheets, menus) to the sponsor by the fifth (5th) day of each month. If the fifth (5th) day of the month falls on a weekend or holiday, these records must be received by the sponsor on the first business day following the weekend/holiday.
- G. Attend training sessions as required by the sponsor.
- H. Allow representatives of the sponsor, DOH, USDA, FDLE, the Florida Department of Financial Services, Division of Public Assistance Fraud, and Early Learning Coalitions access to the site during operating hours for the purpose of reviewing CCFP Afterschool Meals Program meal services and/or records. The site will allow such access upon presentation of photo identification whether the review is announced or unannounced.
- I. Allow representatives of the sponsor, DOH, USDA, FDLE, the Florida Department of Financial Services, Division of Public Assistance Fraud, and Early Learning Coalitions to conduct parental/household contacts regarding the CCFP Afterschool Meals Program.
- J. If licensed or accredited, maintain a current child care license/accreditation and notify the sponsor of any changes (e.g., capacity, hours/days of operation, expiration, revocation, etc.) within two (2) days of a change.
- K. Maintain current food service inspection documentation (satisfactory inspection report or valid permit/certificate) and notify the sponsor of any food service changes (e.g., food service method, permit expiration or revocation, etc.) within two (2) days of a change.
- L. Report a change of address or ownership, site closure, and any permanent changes in meal service times to the sponsor immediately.
- M. Report to the sponsor any pending sale of the site prior to the sale closing date. (Note: This agreement is not transferable to a new owner.)
- N. Provide all eligible children the same snacks and/or meals at no separate cost to the parent or guardian.
- O. When requested by the sponsor, distribute to parents copies of CCFP Afterschool Meals Program materials.
- P. Not discriminate against any child because of race, color, national origin, sex, age, or disability.
- Q. The site agrees to use the U.S. Department of Homeland Security's E-Verify system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of:
 - 1. All persons employed during the agreement term by the site to perform employment duties within Florida;
 - 2. All persons (including subcontractors) assigned by the site to perform work pursuant to this agreement.

III. THE SPONSOR AND SITE MUTUALLY AGREE:

A. Effective Date

This agreement shall begin on the latest date on which both parties have signed the agreement.

B. Termination

1. Termination at Will

This agreement may be terminated by either party or the Florida Department of Health without cause upon no less than thirty (30) days notice in writing to the other party, unless a lesser time is mutually agreed upon in writing by the parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

2. Termination Because of Lack of Funds

In the event funds to finance this agreement become unavailable and the Florida Department of Health terminates the sponsor's contract, the sponsor may terminate this agreement upon no less than twenty-four (24) hours notice in writing to the site. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

I have read the above agreement and I understand each section and paragraph.

IN WITNESS THEREOF, the parties have caused this three (3) page agreement to be executed by their undersigned officials as duly authorized.

Site Owner/Director _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Last </div>
Mailing Address _____
Signature _____ Date _____ Date of Birth _____

Sponsor Representative _____
Title _____
Signature _____ Date _____

Sponsor must ensure that both signature boxes are complete