# MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE

SUMMER FOOD SERVICE PROGRAM (SFSP)

**Excessive Heat Demonstration Sponsor Participation Form**

**Application Addendum**

**(Please TYPE or PRINT clearly)**

|  |  |  |
| --- | --- | --- |
| 1. Sponsor Name: | 2. Sponsor Number: | |
| 3. Sponsor Contact Name: | 4. Sponsor Contact Number: | |
| 5. Sponsor Address: | 6. County: | |
|  |  | |
| 7. List each sponsored site/site number that may participate in the Excessive Heat Demonstration this summer: | 8. Describe the location each site can use as an alternate eating area in case of inclement weather. | |
| 9.   What precautions are used to ensure food safety for those meals not consumed on site? | | |
|  | | |
| I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. | | |
| Signature of Authorized Sponsor Representative |  | Date    /  / |
|  |  |  |
| **DHSS USE ONLY BELOW THIS LINE** | | |
| Approval Signature of DHSS—CFNA Representative |  |  |
|  |  |  |
|  |  |  |

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, (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.