

WAKE COUNTY PUBLIC SCHOOL SYSTEM SUMMER FOOD SERVICE PROGRAM

2026 SFSP Service Dates: June 22 – July 31st*

_____	Date Received
_____	Entered into SNTS
_____	Entered into Spreadsheet
_____	Meals Served out of _____
_____	Eligibility: _____
_____	Needs Pre-Op: Y N

*YMCA Camps operating within a WCPSS school building may receive meals through 8/14/26

SITE LOCATION INFORMATION: **Did this site serve meals through WCPSS in 2025? Y / N**

Site Name: _____

Program Name (if applicable): _____

Physical Address: _____

City/State/Zip Code: _____

Mailing Address (if different from above): _____

Phone: _____

Nearest Cross Street: _____

SITE SUPERVISOR INFORMATION:

Name: _____

Title: _____

Email Address: _____

Phone Number(s): _____

Driver's License #/Issuing State: _____

SITE SERVING INFORMATION: (2026 Service Dates: June 22 – July 31)

Meal Service Start Date: _____

Meal Service End Date: _____

Dates meal service is not needed: _____ Number of Youth enrolled in program: _____

Is this an OPEN site?: Y/N (Approx participation _____)

Days of the week meals are needed:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Meals requested (choose 1 or 2):

LUNCH PM SNACK

Meal #1: START TIME _____ END TIME _____

Meal #2: START TIME _____ END TIME _____

If serving outside, do you have inclement weather plans?

Eat indoors Cancel Meal Service Other: _____ N/A

Are there scheduled field trips? YES NO

****All field trips require separate Field Trip form Request form to be submitted 2 weeks in advance. You may be responsible for cost of meals served on a field trip if this form is not received 2 weeks in advance****

How will you advertise your program so that participants are aware that meals will be provided?

- Posters at Site
- Flyers/Posters in Community
- Flyers/Posters at School
- TV/Radio
- Newspaper Ad/Press Release
- Website: web address: _____
- Other: _____

Advertisement Date: _____

List of staff members to attend training (each site should have a minimum of 2 people trained):

Name	Email

DISCLAIMER AND SIGNATURE

This is to certify that this Sponsor intends that all electronic signatures executed by our employees, agents, or representatives, located anywhere in the world, are legally binding equivalent of handwritten signatures. By checking the box, this Sponsor is certifying by electronic signature that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation or withholding of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate based on race, color, national origin, sex, age, or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Signature: _____ Date: _____

Questions? Email summerfeeding@wcpss.net

2026 Summer Feeding Administrators:
Holli Blackwell (hblackwell@wcpss.net) Windy Christoff (wchristoff@wcpss.net) Kimberly Bracy-Cruz (kbracy-cruz@wcpss.net)

Return this form to the WCPSS Summer Feeding Office by scanning and emailing to summerfeeding@wcpss.net before April 17, 2026