**Include this form with your SFSP application.** For questions or additional information, please contact the Connecticut State Department of Education’s [Summer Meals staff](https://portal.ct.gov/SDE/Nutrition/Summer-Food-Service-Program/Contact).

|  |  |  |  |
| --- | --- | --- | --- |
| **Agreement number:** |  | **Sponsor name:** |  |

**Instructions for Part 1**  
List the title, number of personnel, and daily hours for **all** SFSP positions. List each personnel’s hourly and total wages, indicate the source of funds, and list their SFSP duties and dates of employment.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1 – SFSP Food Service and Site Personnel** | | | | | | | |
| **POSITION** | | | **WAGES** | | | **DUTIES AND EMPLOYMENT DATES** | |
| **Title** | **Number of personnel** | **Number of  daily hours** | **Hourly \*** | **Total** | **Source of funds \*\*** | **Specific duties** | **Dates of employment in SFSP** |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  | | | **Total wages:** | $ |  | | |
| \* If volunteers, enter “0.”  \*\* Indicate whether funding source is USDA Reimbursement or Other. If other, please specify. | | | | | | | |

**Instructions for Part 2**  
Complete the chart below **only** for SFSP administrative personnel. For “other” administrative staff, please list the specific job titles.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 2 – SFSP Administrative Personnel** | | | | | | | | | |
| **PERSONNEL** | | | | | **SALARY** | | | | |
| **Title** | **Number of  personnel** | | **Number of  daily hours** | **Names of personnel** | **Hourly \*** | | | **Total** | **Source of funds \*\*** |
| **Administrator** |  | |  |  | $ | | | $ |  |
| **SFSP Director or Coordinator** |  | |  |  | $ | | | $ |  |
| **SFSP Assistant Director or Coordinator** |  | |  |  | $ | | | $ |  |
| **Bookkeeper/Accountant** |  | |  |  | $ | | | $ |  |
| **Clerical Staff** |  | |  |  | $ | | | $ |  |
| **Monitors (not less than  1 per 20 sites)** |  | |  |  | $ | | | $ |  |
| **Other (specify):** |  | |  |  | $ | | | $ |  |
| \* If in-kind personnel, enter “0.”  \*\* Indicate whether funding source is USDA reimbursement or other sources. If other, please specify. | | | | | **Total salaries:** | | | $ |  |
| Site supervisor/designee signature: | |  | | | | Date: |  | | |



For information on the SFSP, visit the CSDE’s [SFSP](https://portal.ct.gov/SDE/Nutrition/Summer-Food-Service-Program) website or contact the [Summer Meals staff](https://portal.ct.gov/SDE/Nutrition/Summer-Food-Service-Program/Contact) in the CSDE’s Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education,   
450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at <https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Sponsor_Staffing_Plan_SFSP.docx>.

|  |  |
| --- | --- |
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