Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

SPECIAL MILK PROGRAM
SITE APPLICATION
Section 595.404, Florida Statutes; 7 CFR Part 215

SCHOOL YEAR - 20___ - 20____

Sponsor Number_______________________________________________________________________

Site Number __________________________________________________________________________

Site Name ____________________________________________________________________________

Site Physical Address __________________________________________________________________

Address 2 ____________________________________________________________________________

County____________________________ City ___________________________Zip Code ____________

Site Information

Site Type (choose one)

○ Public School ○ Private School ○ Camp – Summer

○ Public RCCI ○ Public RCCI/Public School ○ Private RCCI/Private School ○ Camp - Year round

○ Charter School - Charter School Agreement Expiration Date ________________

Site Officials

Site Contact

Position/Job Title__________________________________________________________

First Name ___________________________________ Middle Initial ________________

Last Name_______________________________________________________________

Email _________________________________ Fax Number________________________

Phone Number____________________________ Extension__________________________
Approving Official for free milk

Position/Job Title ________________________________________________________________

First Name ________________________________________________ Middle Initial __________

Last Name _________________________________________________________________

Email __________________________________________________ Fax Number ______________

Phone Number __________________________________ Extension ___________________

Hearing Official for free milk

Position/Job Title ________________________________________________________________

First Name ________________________________________________ Middle Initial __________

Last Name _________________________________________________________________

Email __________________________________________________ Fax Number ______________

Phone Number __________________________________ Extension ___________________

Verification Official for free milk

Position/Job Title ________________________________________________________________

First Name ________________________________________________ Middle Initial __________

Last Name _________________________________________________________________

Email __________________________________________________ Fax Number ______________

Phone Number __________________________________ Extension ___________________ Fax __________

The Approving Official must be a Sponsor employee, not a FSMC employee and must be different than the Hearing Official. Hearing Official(s) must not be connected to the application or verification processes and may not be an FSMC employee. Verification Official(s) must be a Sponsor employee, not an FSMC employee, and must be different than the Hearing Official.
Participation Information

Days of the week milk is served and claimed for reimbursement
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Months of Operation
- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

Will meals be claimed by grade or age?
- ☐ Grade
- ☐ Age

Grades Claimed at this site (check all that apply)
- ☐ Infants
- ☐ Pre-Kindergarten
- ☐ Kindergarten
- ☐ 1-12 (check all that apply below)
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17

Ages claimed at this site (check all that apply)
- ☐ 0-4
- ☐ 5-20 (check all that apply below)
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17
- ☐ 18
- ☐ 19
- ☐ 20

Is milk being claimed at this site for another site?
- ☐ Yes
- ☐ No

If Yes, provide the site name and site number
Collection Procedures for milk

☐ Prepay    ☐ Part of Tuition    ☐ No Charge

Counting procedures for milk

☐ Automated/Computerized system
☐ Cash register
☐ cash register and roster
☐ Clicker (counting/claiming in one category)
☐ Electronic device (e.g. wand, pen/roster)
☐ ID card
☐ Roster
☐ Tally sheet

Current Free Enrollment

Current Paid Enrollment

Total