

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

SUMMER NUTRITION PROGRAMS FOR-PROFIT CERTIFICATE

5P-3.001, F.A.C.

Sponsor Name:	Sponsor Number:
Site Number and Name of For-Profit Entity:	
Site Address:	
City:	Zip Code:
The department will approve a for-pro	ofit site if all of the following criteria are met:
2. The sites must operate as a3. The sites must be located households that are eligible	
over the meal service at the site and operators may not prepare the meals, a	ce at a for-profit site, a sponsor must maintain operational control must ensure that no SFSP funds are provided to the site. The site and funds may not be provided, given or otherwise paid to the site to r's trained staff and volunteers and sponsor-trained site staff to distribute the meal.
An example of an eligible site is an ap	partment complex located in a needy area hosting an open site.
☐ I certify that the for-profit site will	l not benefit financially from participation in the SFSP.
☐ I certify that to the best of my kno and records are available to support th	owledge and belief, this information is true and correct in all respects is statement if requested.
Printed Name of Site Offici	Printed Name of Sponsor Official
Title	Title
Signature of Site Official	Signature of Sponsor Official
Date	Date