**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).

|  |  |  |  |
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| **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.

|  |
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| **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.

|  |
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| **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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