

SED Use Only

LEA Code: _____

Rural _____ Urban _____

NEW YORK STATE EDUCATION DEPARTMENT
 Summer Food Service Program
New Site Information Sheet: Non-Camp Sites

1. Sponsor Name: _____
2. Legal Name of Meal Service Site (as recognized by local municipality ie; local tax collector/treasurer's office): _____
3. Meal Service Site Address (as recognized by local municipality):
 Street Number and Name: _____
 City: _____ State: _____ Zip Code: _____
4. Will this be part of a mobile feeding route? Yes No
 **A mobile feeding route makes a series of stops at approved locations to serve children from the mobile vehicle.
5. County the site is located in: _____
6. Nearest Public School District the site is located in: _____
7. Is this site a licensed day care center that receives funds from the Child & Adult Care Food Program (CACFP)? Yes No
 Name of Child Care Center: _____
 New York State Department of Health Agreement Number: _____
8. Type of Site: Open Restricted Open Closed Enrolled Migrant
9. **Open or Restricted Sites:**
 The Physical Location of this site is: Public Non-Profit For-Profit
 Will the sponsor maintain operational control over the meal service? Yes No
 Will the site receive any SFSP funds to operate (ie; food, staff, facility lease, utilities)? Yes No
 Will only the sponsors trained staff and volunteers, or the sponsors trained site staff serving as volunteers distribute meals? Yes No

Eligibility Documentation: enter data in at least one of the following areas:

School Data: (Enter Name and LEA code of school(s) in from the Area Eligible School Data List)

School (Public/Non-Public) Name(s)	School LEA Code

Census Data (enter 10 or 12 digit block group number): _____

Other (specify): _____

10. **Closed Enrolled Sites:** Are all children that will receive meals enrolled in regularly scheduled programming? Yes No
 If Yes: List the programming children are enrolled in: _____
 Does the Sponsor provide the programming? Yes No
 If NO: Is the programming at this site provided by a non-profit tax-exempt organization? Yes No

Eligibility Documentation: Enter data in at least one of the following areas.

Needy Area:

School Data (Enter Name and LEA Code of School(s) from the Area Eligible School Data List)

School (Public/Non-Public) Name(s)	School LEA Code

Census Data (Enter 10 or 12 digit block group number): _____

Other (specify): _____

Non-Needy Area:

Household Income Application	CACFP Certification	Headstart Certification	School Certification	Upward Bound Certification	Other:
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Enter Number of Children Enrolled:	Enter Number of Children Eligible for Free/Reduce Priced Meals:
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11. **Migrant Sites:** Attach documentation from the State Migrant Organization certifying site will serve primarily migrant children.

Skip questions 12-14 if you are an SFA sponsor operating at a NSLP site or if this site is a CACFP at risk afterschool meals center.

12. How was the need for a site at this location determined? Include your contact with other current sponsors, schools, and other community groups: _____
13. Describe the organized and supervised system for serving meals to attending children: _____

14. Describe how the sponsor will ensure children will remain at the site to eat meals:

15. Is this site an indoor or outdoor site? Indoor Outdoor

If this is an outdoor site, where will meals be served in inclement weather? Provide the address and name of the location:

16. **Method of meal preparation (check one):**

- Self-Prep (meals are prepared on site and served only at this site)
- Sat-Prep (meals are prepared on site and served at this site and other sites)
- Satellite (meals are not prepared at the site)

17. **Indicate how meals are obtained/procured:**

- Purchased from a School Food Authority
- Competitively Procured
- Purchased from University campus dining
- Sponsor prepares meals

Sat-Prep and Satellite sites only complete 18-21

18. Name of food preparation kitchen location: _____

19. Address of food preparation kitchen location: _____

20. County of food preparation kitchen location: _____

21. Describe arrangements for the delivery and holding of meals, how and where meals are stored, including excess meals, and the procedure to be used to communicate adjustments in the number of meals delivered when variations in the site's average daily participation occur (attach additional sheet if necessary): _____

22. First date SFSP meals will be served (month/day/year): _____

23. Last date SFSP meals will be served (month/day/year): _____

List all days there will be limited meal service: _____

List all days there will be no meal service: _____

24. Check days meals will be served: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

25. Does the sponsor plan to implement Jewish Dietary Law at this site? Yes No
If yes, which option will be implemented (Refer to FNS instruction 738-13, Attachment 5 in the NYSED Attachments Manual)? _____

Is there shift feeding? Yes No If yes, number of shifts: _____

26. Do you feed (check all that apply):
 Program Adults -Amount charged for each meal: _____ not charged for meals and paid with Non-SFSP funds
 Non-program Adults- Amount charged for each meal: _____ not charged for meals and paid with Non-SFSP funds

27. Will you be serving a six ounce portion of milk? Yes No If yes, how many? _____

28. During the period of time in which meals are being served, what is the maximum number of children the site can accommodate? _____

29. Please indicate the meals you will be serving, along with other information requested. If over the course of the summer the meals or meal service times change, or if the actual number of children served exceeds the estimate, please update CNMS to reflect these changes.

Type of meal to be served	Meal Service Time Begin	Meal Service Time End	Menu Option	Offer vs. Serve (Yes/No)	Flexible Off-site Consumption (Yes/No)	Number of Points of Service	Participation/Enrollment Number
Breakfast							
AM Snack			Snack				
Lunch							
PM Snack			Snack				
Supper							

I CERTIFY this site will operate a non-profit food service; the site has been visited and has the capability and facilities for the meal service planned for the number of children anticipated to be served; that all eligible children will be served meals free of charge; that the information on this form is true and correct; that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes; and that this program will be available to all children regardless of race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

(Print)Authorized Official/SFSP Contact/Designated Representative (Signature) Title Date

Department Approval _____ Date _____