

16. Indicate how meals are obtained/procured:

Purchased from a School Food Authority

Name of SFA: _____

Competitively Procured

Food Service Management Company Vendor

Name of the FSMC or Vendor: _____

Non-Competitive Emergency Procurement

Food Service Management Company Vendor

Name of the FSMC or Vendor: _____

Purchased from University Campus Dining

Sponsor Prepares Meals

Sat-Prep and Satellite sites only complete 17-20

17. Name of food preparation kitchen location: _____

18. Address of food preparation kitchen location: _____

19. County of food preparation kitchen location: _____

20. Describe arrangements for the delivery, holding, and storage of meals, and the procedure 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):

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

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

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

24. Does the sponsor plan to implement Jewish Dietary Law Option 1 at this site? Yes No

(Refer to FNS instruction 738-13, Attachment 5 in the NYSED Attachments Manual)

25. 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

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

27. Please indicate the meals you will be serving, along with other information requested. Please note, you cannot be approved to serve lunch and supper. If at any time, the meal type served or meal service times change; or if you anticipate that the actual number of meals served will exceed the estimate, you must submit a request in writing to your Child Nutrition representative. Any meals served above the anticipated number approved are not eligible for reimbursement.

	Meal Type One	Meal Type Two
Meal Service Begin Time		
Meal Service End Time		
Offer vs. Serve (Y or N)		
Flexible Offsite Consumption (Y or N)		
Points of Service		
Shifts		
Anticipated Participation/CAP		

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

SED USE ONLY

Department Approval: _____ Date: _____

LEA Code: _____ Rural _____ Urban _____