## NEW YORK STATE EDUCATION DEPARTMENT Summer Food Service Program

Attachment 39

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New	Site Inf	ormatic	on Sheet:	Non-Camp S	bites

	<ol> <li>Sponsor Name:</li></ol>	unicipality ie; local tax collector/treasurer's office):						
	Meal Service Site Address (as recognized by local municipality):     Street Number and Name:							
	Street Number and Name:							
	4. Will this be part of a mobile feeding route? Yes	e Zip Code: No						
	**A mobile feeding route makes a series of stops at approved locations to serve children from the mobile vehicle.							
	6. Nearest Public School District the site is located in:							
	<ol> <li>The Physical Location of this site is: Public Non-I</li> <li>Is this site a licensed day care center that receives funds fr</li> </ol>	Profit For-Profit (Closed Enrolled for-profit sites are not eligible)						
	New York State Department of Health Agreement Number	·						
	9. Type of Site and Site Eligibility (Please Choose One):							
	Open Site Restricted Open Site	Closed Enrolled Site						
•	Will the sponsor maintain operational control over the meal service, and ensure only the sponsors trained staff or volunteers distribute meals? Yes No	<ul> <li>Are all children that will receive meals enrolled in regularly scheduled programming? Yes No Does the Sponsor provide the programming? Yes No If NO: Is the programming at this site provided by a non-profit tax-</li> <li>exempt organization? Yes No</li> </ul>						
	igibility Documentation: enter data in one of the following reas.	Eligibility Documentation: Enter data in ONE of the following areas. <b>Needy Area:</b> School Data						
	School Data:	School (Public/Non-Public) Name:						
	School (Public/Non-Public) Name:							
	School LEA Code:	School LEA Code:						
		Census Data (enter block group number):						
	Census Data (enter block group number):	Non-Needy Area:						
		Household Income Application School Certification						
		Headstart Certification CACFP Certification						
		ener eermedion						
		Upward Bound Certification						
		Enter Number of Children Enrolled: Enter Number of Children Eligible for F/R Priced Meals:						
	Skip questions 11-13 if you are an SFA sponsor operating at a	a NSLP site or if this site is a CACFP at risk afterschool meals center. Include your contact with other current sponsors, schools, and other						
	<b>13.</b> Describe how the sponsor will ensure children will remain	at the site to eat meals:						
		Outdoor ement weather? Provide the address and name of the location:						
	15. Method of meal preparation (check one): Self-Prep (meals are prepared on site and served only a	t 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)							

16.	Indicate how meals are obtained/procured: Purchased from a School Food Authority Name of SFA: Competitively Procured Food Service Management Compar Name of the FSMC or Vendor: Non-Competitive Emergency Procurement Food Service Management Compar Name of the FSMC or Vendor: Purchased form University Campus Dining Sponsor Prepares Meals	y Vendor			
17. 18. 19.	Prep and Satellite sites only complete 17-20 Name of food preparation kitchen location: Address of food preparation kitchen location: County of food preparation kitchen location: Describe arrangements for the delivery, holdin number of meals delivered when variations in	g, and storage of meals, and	the procedure use	ed to communicate adjustm	
<ol> <li>22.</li> <li>23.</li> <li>24.</li> <li>25.</li> <li>26.</li> <li>27.</li> </ol>	First date SFSP meals will be served (month/da Last date SFSP meals will be served (month/da Check days meals will be served: Monday Does the sponsor plan to implement Jewish Di (Refer to FNS instruction 738-13, Attachment 5 Do you feed (check all that apply): Program Adults - Amount charged for each mea Non-program Adults- Amount charged for each Will you be serving a six ounce portion of milk? Please indicate the meals you will be serving, al lunch and supper. If at any time, the meal type	y/year): Tuesday Wednesda etary Law Option 1 at this sid in the NYSED Attachments I: meal: Yes No If yes, H ong with other information r	ay Thursday e? Yes Manual) not charged fo not charged fo now many? requested. Please r	Friday Saturday No r meals and paid with Non-S r meals and paid with Non-S 	FSP funds ed to serve
	meals served will exceed the estimate, you mus above the anticipated number approved are no	t eligible for reimbursement	to your Child Nutr	ition representative. Any me	
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