

SED Use Only

LEA Code: _____

Rural _____ Urban _____

**NEW YORK STATE EDUCATION DEPARTMENT
Summer Food Service Program
COVID-19 New Site Information Sheet**

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. County the site is located in: _____
5. Nearest Public School District the site is located in: _____

6. Select each nation-wide waiver you will implement at this site:

Please note: If you have not already been approved for the waivers listed below, you must request them at the sponsor level in CNMS. If you have any questions, please email your representative.

Non-Congregate Meal Service Waiver

Grab and Go

Home distribution

Both

Meal Service Time Waiver (if distributing more than one meal type at the same time)

Bulk Food Waiver

Parent-Guardian Pick-Up Waiver

7. Type of Site:

Area Eligible/Open Site: Serves meals to any child 18 years and under, located in an area where at least 50% of the children are from households that would be eligible for free or reduced-price school meals under the NSLP and the SBP.

Non-Needy Area/Closed Enrolled Site: Serves an identified group of children through 18 years of age who are in an enrolled program. Once the sponsor has established that at least 50% of the enrolled children qualify for free or reduced school meals; all enrolled children may be claimed for reimbursement. **If implementing the Area Eligibility Waiver, this requirement is waived.

8. Complete this section for Area Eligible/Open Sites Only:

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): _____

9. Complete this section for Non-Needy Area/Closed Enrolled Sites Only:

Select how you will determine that at least 50% of the enrolled participants meet the 50% free or reduced eligibility criteria for the site:

Household Income Application	CACFP Certification	Headstart Certification	School Certification	Area Eligibility Waiver
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10. 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)

