

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

1. Sponsor Name:	SED Use Only LEA _____ Rural ____ Urban ____
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
Will this be part a mobile feeding route? <input type="checkbox"/> Yes <input type="checkbox"/> No A mobile feeding route makes a series of stops at approved locations to serve children from the mobile vehicle.	
4. County the site is located in:	
5. Nearest Public School District the site is located in:	
6. Is this site a licensed day care center that receives funds from the Child & Adult Care Food Program (CACFP)? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Child Care Center: New York State Department of Health Agreement Number:	
7. Does this site participate in the at-risk afterschool meals component of CACFP during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Type of site: <input type="checkbox"/> Open <input type="checkbox"/> Restricted Open <input type="checkbox"/> Closed Enrolled in Needy Area <input type="checkbox"/> Closed Enrolled in Non-Needy Area <input type="checkbox"/> Migrant	
9. Open or Restricted Open Sites: The physical location of this site is: <input type="checkbox"/> public <input type="checkbox"/> non-profit <input type="checkbox"/> for-profit Will the sponsor maintain operational control over the meal service? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the site receive any SFSP funds to operate, (i.e. food, staff, facility lease or utilities)? <input type="checkbox"/> Yes <input type="checkbox"/> No Will only the sponsor's trained staff and volunteers, or the sponsor's trained site staff serving as volunteers distribute meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility Documentation: enter data in at least one of the following areas:	
<input type="checkbox"/> School Data (Enter Name and LEA code of school(s) in the area from which the site will draw its attendance. 50 percent of the children enrolled in the school(s) must qualify for free and reduced price school meals)	<input type="checkbox"/> Census Data (enter 10 or 12 digit block group number):
School (Public/Non-Public) Name(s)	School LEA Code
<input type="checkbox"/> Other (specify)	
10. Closed Enrolled Sites: Are all children that will receive meals enrolled in regularly scheduled programming? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: List programming children are enrolled in: _____ Does the sponsor provide the scheduled programming? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO: Is the programming at this site provided by a nonprofit tax exempt organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility Documentation: enter data in at least one of the following areas:	
Needy Area:	
<input type="checkbox"/> School Data (Enter Name and LEA code of school(s) in the area from which the site will draw its attendance. 50 percent of the children enrolled in the school(s) must qualify for free and reduced price school meals)	<input type="checkbox"/> Census Data (enter 10 or 12 digit block group number):
School (Public/Non-Public) Name(s)	School LEA Code
<input type="checkbox"/> Other (specify):	
Non-Needy Area:	
What documentation is maintained to support site elibility? Select all that apply	
<input type="checkbox"/> Household Income Applications	<input type="checkbox"/> School Certification
<input type="checkbox"/> Upward Bound Certification	<input type="checkbox"/> WIA Certification
<input type="checkbox"/> CACFP Certification	<input type="checkbox"/> Other _____
Estimated number of children enrolled:	Estimated number of enrolled children eligible for free and reduced price meals:
11. Migrant Sites: Attach documentation from the State Migrant Organization certifying site will serve primarily migrant children.	

Skip Questions 12-14 if you are a 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 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 at 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 17-20

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):
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 the Jewish Dietary Law at this site? Yes No
If yes, which option will be implemented? Refer to FNS Instruction 738-13, Administrative Guidance Book or on-line.

25. How many children can eat at this site at one time?
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 children 6 years of age and younger a six ounce portion of milk? Yes No If yes, how many?

28. 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 notify our office by using the Site Update Form or online.

List all days there will be limited meal service:

List all days there will be no meal service:

For all sites: All sections must be completed (insert N/A if not applicable).

Type of meal to be served	Meal Service Time Begin/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	N/A			
Lunch						
PM Snack		Snack	N/A			
Supper						
4 th Meal Supplement		Snack	N/A			

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 _____