

**Seamless Summer Option (SSO)
New Site Information Sheet
NEW YORK STATE EDUCATION DEPARTMENT**

1. **SFA Name** **LEA Code:**
2. **Legal Name of Meal Service Site (as recognized by local municipality i.e., 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. **Does the SFA/Sponsoring Organization have administrative control of the site?** Yes No

If no, please list the organization that has administrative control of this site:

Is this site a not-for-profit: Yes No

7. **Please indicate why the site is needed and the student population that will be served:**

8. **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 this site)

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

Competitively Procured: Food Service Management Company Vendor

Name of the FSMC or Vendor:

Non-Competitive Food Service Management Company Vendor
Emergency Procurement:

Name of the FSMC or Vendor:

Sponsor prepares meals

10. 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):

11. Please indicate the meals you will be serving, along with other information requested.

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.

Meals to be offered	Meal Service Begin Time	Meal Service End Time	Average Daily Participation (ADP)
Breakfast			
Lunch			
Snack			

12. First date SSO meals will be served at this site (month/day/year):

13. Last date SSO meals will be served at this site (month/day/year):

14. Please describe the distribution method that will be utilized. Please note, it is the SFAs responsibility to ensure all applicable waivers have been elected.

15. Are bulk meals being distributed? Yes* No *If yes, submit the Bulk Meals Election Form.

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 (including gender identity and sexual orientation), disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Authorized Official/Designated Representative (Print)

Title

Authorized Official/Designated Representative (Signature)

Date

SED Use Only

Department Approval _____ Date: _____

LEA Code: _____

Rural _____ Urban _____

This institution is an equal opportunity provider.