

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 _____
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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. Is this site a licensed day care center that receives funds from the Child & Adult Care Food Program (CACFP)? Yes 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? Yes No

8. Type of site: Open Restricted Open Migrant
 Closed Enrolled in Needy Area Closed Enrolled in Non-Needy Area

9. Open or Restricted Open Sites:
 The physical location of this site is: public non-profit for-profit
 Will the sponsor maintain operational control over the meal service? Yes No
 Will the site receive any SFSP funds to operate, (i.e. food, staff, facility lease or utilities)? Yes No
 Will only the sponsor's trained staff and volunteers, or the sponsor's trained site staff serving as volunteers distribute meals?
Yes 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) from the Area Eligible School Data list)	<input type="checkbox"/> Census Data (enter 10 or 12 digit block group number):								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">School (Public/Non-Public) Name(s)</th> <th style="width:50%;">School LEA Code</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	School (Public/Non-Public) Name(s)	School LEA Code							<input type="checkbox"/> Other (specify)
School (Public/Non-Public) Name(s)	School LEA Code								

10. Closed Enrolled Sites: Are all children that will receive meals enrolled in regularly scheduled programming? Yes No
 If Yes: List programming children are enrolled in: _____
 Does the sponsor provide the scheduled programming? Yes No
 If NO: Is the programming at this site provided by a nonprofit tax exempt organization? Yes 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) from the Area Eligible School Data list)	<input type="checkbox"/> Census Data (enter 10 or 12 digit block group number):								
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Non-Needy Area:

What documentation is maintained to support site eligibility? Select all that apply

<input type="checkbox"/> Household Income Applications	<input type="checkbox"/> School Certification	<input type="checkbox"/> WIA Certification
<input type="checkbox"/> Upward Bound Certification	<input type="checkbox"/> Headstart Certification	<input type="checkbox"/> Other _____
<input type="checkbox"/> CACFP Certification		

Estimated number of children enrolled:	Estimated number of enrolled children eligible for free and reduced price meals:
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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. 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:

15. 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)
16. 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

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 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):

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

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

23. 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.

24. How many children can eat at this site at one time?
 Is there shift feeding? Yes No If yes, number of shifts:

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 children 6 years of age and younger 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. 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, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status or sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information.

(Print)Authorized Official/SFSP Contact/Designated Representative _____ (Signature) _____ Title _____ Date _____
 NYSSED Approval _____ Date _____