

NEW YORK STATE EDUCATION DEPARTMENT
Summer Food Service Program
2021 New Site Information Sheet Non-Camp Sites

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. Is this site not for profit? Yes No

7. Does the Sponsor have administrative control over the site? Yes No

If no, please list the organization that will have administrative control of this site: _____

8. 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

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

Grab and Go

Home distribution

Parent-Guardian Pick-Up Waiver

Both

9. Type of Site and Site Eligibility:

Open Site: Serve free meals to any child 18 years of age and under.

This site is in an area where at least 50% of the children are from households that are eligible for free or reduced-price school meals.

This site is **not** located in an area where at least 50% of the children are from households that are eligible for free or reduced-price school meals.

Area Eligibility Waiver

Closed Enrolled Site: Serves an identified group of children through 18 years of age.

This site is in an area where at least 50% of the children are from households that are eligible for free or reduced-price school meals.

This site is **not** located in an area where at least 50% of the children are from households that are eligible for free or reduced-price school meals.

Area Eligibility Waiver

Household Income Application

School Certification

Upward Bound Certification

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)

11. Indicate how meals are obtained/procured:

Competitively Procured

Food Service Management Company Vendor

Name of the FSMC or Vendor: _____

Non-Competitive Emergency Procurement

Food Service Management Company Vendor

Name of the FSMC or Vendor: _____

Sponsor Prepares Meals

Sat-Prep and Satellite sites only complete 12-15

12. Name of food preparation kitchen location: _____

13. Address of food preparation kitchen location: _____

SED may request additional documentation for food preparation locations.

14. County of food preparation kitchen location: _____

15. 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):

16. First date SFSP meals will be served (month/day/year): _____

17. Last date SFSP meals will be served (month/day/year): _____

18. Check days meals will be provided for:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

19. Check days meals will be distributed (grab and go, home delivery) if applicable:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Explain your distribution method:

20. Are bulk meals being distributed? Yes No

*SED may request additional information/documentation.

21. Does the sponsor plan to implement Jewish Dietary Law Option 1 at this site? Yes No

(Refer to FNS instruction 738-13, Attachment 5 in the NYSED Attachments Manual)?

22. Please indicate the meals you will be serving, along with other information requested. Please note, you cannot be approved to serve lunch and supper. 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.

	Meal Type One	Meal Type Two
Meal Distribution Begin Time		
Meal Distribution End Time		
OVS (Y or N)		
Anticipated Participation/CAP		

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

SED USE ONLY

Department Approval: _____ Date: _____

LEA Code: _____ Rural _____ Urban _____

Site Eligibility

SED Data

Census Data

School Name: _____

Block Group #: _____

LEA Code: _____