

Summer Food Service Program

New Site Information Sheet: 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. The Physical Location of this site is:      Public      Non-Profit      For-Profit \*\*  
\*\*For-profit sites are only eligible when the site is properly procured and operated by the non-profit sponsoring organization. Additionally, the DOH camp permit must be issued to the recognized SFSP sponsor.
5. Does the sponsor provide the camp programming?      Yes      No  
If no: Is the organization providing the camp programming non-profit?      Yes      No
6. County the site is located in: \_\_\_\_\_
7. Nearest Public School **District** the site is located in: \_\_\_\_\_
8. How was the need for a site at this location determined:  
\_\_\_\_\_
9. 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: \_\_\_\_\_
10. Type of program(s) children are enrolled in, check all that apply:  
Residential Camp      Non-Residential Camp      Other State Recognized Program      List Program(s): \_\_\_\_\_

For a Non-Residential Camp, what are the daily hours of operation: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

11. **Enter anticipated Camp Eligibility.** Final eligibility/enrollment figures for sessions starting on or before July 19<sup>th</sup> are due by July 24<sup>th</sup> and sessions starting on or after July 20<sup>th</sup> are due 5 calendar days after the session start date.

| Session Start Date | Session End Date | Number of Enrolled Residential Campers | Number of Eligible Residential Campers | Number of Enrolled Day Campers | Number of Eligible Day Campers | Number of Staff Children | Number of Eligible Staff Children |
|--------------------|------------------|--|--|--------------------------------|--------------------------------|--------------------------|-----------------------------------|
|                    |                  |  |  |                                |                                |                          |                                   |
|                    |                  |  |  |                                |                                |                          |                                   |
|                    |                  |  |  |                                |                                |                          |                                   |
|                    |                  |  |  |                                |                                |                          |                                   |

First meal that will be served on each session date: \_\_\_\_\_

Last meal that will be served on each session date: \_\_\_\_\_

12. Describe the organized and supervised system for serving meals to attending children:  
\_\_\_\_\_
13. Does the site have a public water supply?      Yes      No  
If no: explain the sites testing procedure and how often the site is required to complete testing:  
\_\_\_\_\_
14. Is this site 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 other sites)
- Satellite (meals are not prepared at the site)

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

Purchased from a School Food Authority      Name of SFA: \_\_\_\_\_  
 Competitively Procured  
                     Food Service Management Company      Vendor      Name of the FSMC or Vendor: \_\_\_\_\_  
 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. Where will required documents be maintained and readily available for State, Federal, or other regulatory authorized officials review? \_\_\_\_\_  
 22. Check days meals will be served:      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday  
 23. Does the sponsor plan to implement Jewish Dietary Law at this site?      Yes      No  
 If yes, which option will be implemented (Refer to FNS instruction 738-13, Attachment 5 in the NYSED Attachments Manual)? \_\_\_\_\_  
 24. 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  
     Children not eligible: Amount charged for each meal: \_\_\_\_\_      not charged for meals and paid with Non-SFSP funds  
 25. Will you be serving a six ounce portion of milk?      Yes      No      If yes, how many? \_\_\_\_\_  
 26. Is the site serving:      Congregate      Non-congregate      Both      \*Request for non-congregate meals in rural areas  
 27. Please indicate the **congregate** 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 update CNMS to reflect these changes.

| <u>Congregate Meals Only</u>                 | <u>Meal Type</u>                                     | <u>Meal Type</u>                                     | <u>Meal Type</u>                                     | <u>Meal Type</u>                                     |
|--|--|--|--|--|
|  |  |  |  |  |
| <b>Meal Service Begin Time</b>               |  |  |  |  |
| <b>Meal Service End Time</b>                 |  |  |  |  |
| <b>Offer vs. Serve (Y or N)</b>              |  |  |  |  |
| <b>Flexible Offsite Consumption (Y or N)</b> |  |  |  |  |
| <b>Menu Option</b>                           |  |  |  |  |
| <b>Points of Service</b>                     |  |  |  |  |
| <b>Shifts</b>                                |  |  |  |  |
| <b>Camper Type Attending Meal Service</b>    | Residential Campers<br>Day Campers<br>Staff Children | Residential Campers<br>Day Campers<br>Staff Children | Residential Campers<br>Day Campers<br>Staff Children | Residential Campers<br>Day Campers<br>Staff Children |

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