

NEW YORK STATE EDUCATION DEPARTMENT
Summer Food Service Program
New Site Information Sheet: Conditional Non-Congregate Site

1. Sponsor Name: _____
2. Is sponsor in good standing with all federal nutrition programs? Yes No
3. Legal Name of Meal Service Site (as recognized by local municipality ie; local tax collector/treasurer's office): _____
4. Meal Service Site Address (as recognized by local municipality):
Street Name and Number _____
City: _____ State: _____ Zip: _____ County: _____
5. Is location rural? Yes No (Urban locations cannot provide non-congregate meals)
6. Nearest Public School District the site is located in: _____
7. Is this site a licensed day care center that receives funds from the Child & Adult Care Food Program (CACFP)?
Yes No If yes, list the name and NYSDOH Agreement Number: _____
8. Where are the closest congregate feeding sites located? _____
9. Please explain the need for a non-congregate meal service in this area.

10. How will the sponsor ensure children are not accessing more than one meal service?

11. How will the sponsor ensure only meals served to children who are eligible for free and reduced-price meals under the National School Lunch Program (NSLP) or the School Breakfast Program (SBP) are being claimed?

12. What documentation will be maintained to demonstrate individual eligibility?
HIA application School certification from a school that participates in NSLP
_____ Total Eligible Children _____ Enrolled Children
*Provide coded roster to SED via SharePoint
13. How will families be notified of meal availability? Provide a copy of the communication.
14. Will meals be provided as grab and go or home delivery? Grab and Go Home Delivery
15. Will meals be unitized or in bulk? Unitized Bulk
What factors were considered in determining the number of days? _____
Bulk Meals: (Self Prep Sponsor only)
Describe system for ensuring meals meet meal pattern requirements and for instructing parents/guardians to prepare/serve meals.

 - Provide a menu and complete the menu tool
 - Provide a sample of the instructions provided to households
 - How many days of meals will be provided at one time (maximum 5 days)? _____Unitized Meals: How many days of meals will be provided at one time (maximum 10 Days)? _____

16. Home Delivery: Provide delivery routes and registration lists to ensure there is no duplication of services and deliveries are to rural areas only. Describe the system for obtaining parent/guardian written consent. *Non-SFA's must enter into a written agreement or MOU with an SFA to receive eligibility documentation.

17. Grab and Go: Describe the system to document that meals are only distributed to eligible children.

18. Parent/Guardian Pick-up: Describe the system to ensure that meals will only be provided to parents/guardians?

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

	Meal Type 1	Meal Type 2
Meal Service Begin Time		
Meal Service End Time		
Offer vs. Serve (Y or N)		
Menu Option		

20. Check the days meals will be provided for:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

21. Check the days meals will be distributed:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

22. 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)

23. Indicate how meals are obtained/procured:

Purchased from a School Food Authority Name of SFA: _____

Competitively Procured FSMC Vendor Name of FSMC/Vendor: _____

Purchased from University Campus Dining

Sponsor Prepares Meals

Sat-Prep and Satellite sites only complete 24-26

24. Name of food preparation kitchen location: _____

25. Address of food preparation kitchen location: _____

26. County of food preparation kitchen location: _____

27. 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):

28. Where will required documents be maintained and readily available for State, Federal, or other regulatory authorized officials review? _____
29. 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)? _____
30. Will you be serving a six ounce portion of milk to children 6 years old and younger Yes No
 If yes, how many 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. I will collect information on participation eligibility to support claims for reimbursement.

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

SED USE ONLY

Department Approval: _____ Date: _____

LEA Code: _____