NEW YORK STATE EDUCATION DEPARTMENT

Summer Food Service Program

New Site Information Sheet: Camp Sites

C	Street Numbe		Meal Service Site Address (as recognized by local municipality):									
		r and Name:										
. т						Zip Code:						
*	**For-profit si	ites are only eligi	te is: Public ble when the site i ued to the recogniz	is properly procure	For-Profit ** d and operated by t	he non-profit spon	nsoring organization	. Additionally, the				
. [Does the sponsor provide the camp programming? Yes No											
. (If no: Is the organization providing the camp programming non-profit? Yes No County the site is located in: Nearest Public School District the site is located in: How was the need for a site at this location determined:											
N	Name of Child New York Stat	Care Center: Te Department o	center that receive f Health Agreemer e enrolled in, chec	nt Number:	Child & Adult Care Fo			No 				
v. 1					tate Recognized Pro	gram List Program	n(s)·					
_	Residential Camp Non-Residential Camp Other State Recognized Program List Program(s):											
1. E	For a Non-Residential Camp, what are the daily hours of operation: Start Time: End Time											
Se	ession 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				
F	First meal that will be served on each session date:											
L	Last meal that will be served on each session date:											
². c	Describe the organized and supervised system for serving meals to attending children:											
	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:											
	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:											
- 5. N	Method of mo	Tethod 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)											

16.	Indicate how meals are obtained/	procured:						
	Purchased from a School Food Aut	•						
	Name of SFA:							
	Competitively Procured Food Service Managemer	nt Company	Vendor					
	-	dor:						
	Non-Competitive Emergency Procu							
	Food Service Manageme	Vendor						
	Name of the FSMC or Ver							
	Purchased form University campus	dining						
C-+ D-	Sponsor Prepares Meals	- 47 20						
	ep and Satellite sites only complete Name of food preparation kitchen							
18.	Address of food preparation kitche	en location:						
19.	County of food preparation kitches	n location:						
20.	Describe arrangements for the del be used to communicate adjustme additional sheet if necessary):				-			
21.	Where will required documents be	e maintained and readily av	vailable for State, Federal,	or other regul	atory authorized of	ficials review	ı?	
22.	Check days meals will be served:	Monday Tuesday	y Wednesday	Thursday	Friday Satur	day Sur	nday	
23.	Does the sponsor plan to impleme	nt Jewish Dietary Law at th	is 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 charg	red for each meal:		not charged	for meals and paid	with Non-SF	SP funds	
	Non-program Adults: Amount			_	for meals and paid			
	Children not eligible: Amount			_	for meals and paid	with Non-SF	SP funds	
	Will you be serving a six ounce por		· ·					
	Please indicate the meals you will be						neal	
serv	ice times change, or if the actual nu	mber of children served ex Meal Type	ceeds the estimate, pleas Meal Type		s to reflect these ch fleal Type		l Туре	
		incut type	incui i ype	<u></u>	ieu: iype		<u> , , p.c.</u>	
Mea	Il Service Begin Time							
Mea	l Service End Time							
Offe	r vs. Serve (Y or N)							
Flex	ible Offsite Consumption (Y or N)							
Poin	ts of Service							
Shift	ts							
C	nor Tuno Attending Mass Comis-	Residential Campers	Residential Camp	pers Res	idential Campers	Resident	tial Campers	
Cam	per Type Attending Meal Service	Day Campers	Day Campers	Day	Campers	Day Cam	ıpers	
		Staff Children	Staff Children	Staf	f Children	Staff Chil	ldren	
numbe correct federa	IFY this site will operate a non-profiter of children anticipated to be servent; that the sponsor is aware that deluteriminal statues; and that this profition for prior civil rights activity in a	ed; that all eligible children iberate misrepresentation gram will be available to all	will be served meals free or withholding of informa children regardless of rac	of charge; that ation may resul ce, color, nation	the information or t in prosecution un	n this form is t der applicable	true and e State and	
(Print)	Authorized Official/SFSP Contact/Design	ated Representative	(Signature)		Title		Date	
, ,	,,		SED USE ONLY					
Depart	ment Approval:)ate:				
FA Co	ide:		Rural	Urban				