

NEW YORK STATE EDUCATION DEPARTMENT
 Summer Food Service Program
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. Will this be part of a mobile feeding route? Yes No
 **A mobile feeding route makes a series of stops at approved locations to serve children from the mobile vehicle.
5. County the site is located in: _____
6. Nearest Public School District the site is located in: _____
7. The Physical Location of this site is: Public Non-Profit For-Profit (Closed Enrolled for-profit sites are not eligible)
8. 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: _____

9. Type of Site and Site Eligibility (Please Choose One):

Open Site	Restricted Open Site	Closed Enrolled Site
<ul style="list-style-type: none"> • Will the sponsor maintain operational control over the meal service, and ensure only the sponsors trained staff or volunteers distribute meals? Yes No <p>Eligibility Documentation: enter data in one of the following areas.</p> <p>School Data: School (Public/Non-Public) Name: _____ School LEA Code: _____ Census Data (enter block group number): _____</p>		<ul style="list-style-type: none"> • Are all children that will receive meals enrolled in regularly scheduled programming? Yes No Does the Sponsor provide the programming? Yes No If NO: Is the programming at this site provided by a non-profit tax-exempt organization? Yes No <p>Eligibility Documentation: Enter data in ONE of the following areas.</p> <p>Needy Area: School Data School (Public/Non-Public) Name: _____ School LEA Code: _____ Census Data (enter block group number): _____</p> <p>Non-Needy Area: Household Income Application School Certification Headstart Certification CACFP Certification Upward Bound Certification</p> <p>Enter Number of Children Enrolled: Enter Number of Children Eligible for F/R Priced Meals:</p>

10. Migrant Sites: Attach documentation from the State Migrant Organization certifying site will serve primarily migrant children.

Skip questions 11-13 if you are an SFA sponsor operating at a NSLP site or if this site is a CACFP at risk afterschool meals center.

11. How was the need for a site at this location determined? Include your contact with other current sponsors, schools, and other community groups: _____
12. Describe the organized and supervised system for serving meals to children:

13. Describe how the sponsor will ensure children will remain at the site to eat meals:

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 each meal type is obtained/procured:

	Meal Type One	Meal Type Two
Purchased from a School Food Authority (SFA) Name of SFA:		
Competitively Procured Name of FSMC/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, holding, and storage of meals, and the procedure 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): _____
22. Last date SFSP meals will be served (month/day/year): _____
23. Check days meals will be served: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
24. 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)
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 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. 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 Service Begin Time		
Meal Service End Time		
Offer vs. Serve (Y or N) SFA's ONLY**		
Flexible Offsite Consumption (Y or N)		
Menu Option		
Points of Service		
Shifts		
Anticipated Participation/CAP		

**Please note, Offer vs. Serve (OVS) can only be implemented by School Food Authorities (SFA) that participate in the NSLP/SBP.

***One hour must elapse between the end of Meal Type One and the start of Meal Type Two.

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 _____