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

Sponsor Name:				
Legal Name of Meal Service Site:				
Meal Service Address:				
Is this part of a mobile feeding route?	Yes	No		
County the site is located in:				
Nearest Public School District the site is located in:				
Is the site a licensed day care center that receives funds from CACFP?	Yes No			
Name of Child Care Center:				
NYS Department of Health Agreement Number:				
Does this site participate in the at risk after school meals component of CACFP during the school year?	Yes No			
Type of Site (choose one and complete	Open		Restricted Open	
corresponding section below):	Closed En Migrant	rolled in Needy Area	Closed Enrolled in Non-Needy Area	
Open or Restricted Open Sites:		rolled in Needy Area	Closed Enrolled in Non-Needy Area	
		rolled in Needy Area	Closed Enrolled in Non-Needy Area	
Open or Restricted Open Sites:	Migrant			
Open or Restricted Open Sites: The physical location of the site is: Will the sponsor maintain operational	Migrant	non-profit		
Open or Restricted Open Sites: The physical location of the site is: Will the sponsor maintain operational control over the meal service? Will the site receive any SFSP funds to	Migrant public Yes	non-profit No		
Open or Restricted Open Sites: The physical location of the site is: Will the sponsor maintain operational control over the meal service? Will the site receive any SFSP funds to operate? Will only the sponsor's trained staff and volunteers, or the sponsor's trained site staff serving as volunteers distribute	Migrant public Yes Yes	non-profit No		
Open or Restricted Open Sites: The physical location of the site is: Will the sponsor maintain operational control over the meal service? Will the site receive any SFSP funds to operate? Will only the sponsor's trained staff and volunteers, or the sponsor's trained site staff serving as volunteers distribute meals?	Migrant public Yes Yes	non-profit No		
Open or Restricted Open Sites: The physical location of the site is: Will the sponsor maintain operational control over the meal service? Will the site receive any SFSP funds to operate? Will only the sponsor's trained staff and volunteers, or the sponsor's trained site staff serving as volunteers distribute meals? Eligibility Documentation: How will you qualify your site (select from	Migrant public Yes Yes	non-profit No		

Closed Enrolled Sites		
Are all children that will receive meals	Yes	
enrolled in regularly scheduled programming?	No	
If yes, list programming children are enrolled in:		
Does the sponsor provide the scheduled	Yes	
programming?	No	
If No, is the programming at this site	Yes	
provided by a non-profit tax exempt organization?	No	
Eligibility Documentation:		
Needy Area:		
How will you qualify your site (select from dropdown arrow)?		
If using school data, enter School Name and LEA Code.		
If using Census Data enter block group number.		
If other, please specify:		
Non-Needy Area:		
What documentation is maintained to	Household Income Applications	Upward Bound Certification
support site eligibility?	CACFP Certification	School Certification
	Headstart Certification	Other
If other, please specify:		
Estimated number of children enrolled:		
Estimated number of enrolled children eligible for free and reduced priced meals:		

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

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

How was the need for a site at this location determined?

Describe the organized and supervised system for serving meals to attending children:

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

Is this site indoor or outdoor?	Indoor	Outdoor
If this is an outdoor site, where will meals be served in inclement weather?		
Method of meal preparation (check one):	Self-Prep (me	als are prepared on site and served only at that site)
	Sat-Prep (mea	als are prepared on site and served at this site and other sites)
	Satellite (meal	s are not prepared on site)
Indicate how meals are obtained/	Purchased fro	m a School Food Authority
procured:	Competitively	procured
	Purchased fro	m a University campus dining
	Sponsor Prepa	ares meals

Sat-Prep and Satellite sites only complete this section

Name of food preparation kitchen location:

Address of food preparation kitchen location:

County of food preparation kitchen location:

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):

First date SFSP meals will be served:					
Last date SFSP meals will be served:					
List all days there will be limited meal service:					
List all days there will be no meal service:					
Does the sponsor plan to implement Jewish Dietary Law at this site?	Yes	No			
If yes, which option will be implemented?					
How many children can eat at this site?					
Do you feed (check all that apply)?	Program a	dults	Non-progra	m adults	Children not eligible
How will the cost of the meals be covered?	Charged fo Not charge	or meal ed for meals and	paid with non	SFSP funds	
If charged for meals, what is the amount?					
Will you be serving children 6 years or younger a six ounce portion of milk?	Yes	No			
If yes, how many?					

*Sponsors may serve up to two meals per day. May be any combination except Lunch and Dinner.

Meal Number One:

Please indicate the 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 online or notify our office.

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Type of meal to be served:	Breakfast		Lunch	Supper	Snack	
Check days meals will be served:	Monday		Tuesday	Wednesday	, т	Thursday
	Friday		Saturday	Sunday		
Start time of meal service:						
End time of meal service:						
Offer vs. Serve:	Yes	No				
Flexible Off Site consumption:	Yes	No				
Points of service:						
Participation/Enrollment:						
Is there shift feeding?	Yes	No				
If yes, number of shifts:						
Meal Number Two (If applicable):						
Meal Number Two (If applicable): Type of meal to be served:	Breakfast		Lunch	Supper	Snack	
	Breakfast Monday		Lunch Tuesday	Supper Wednesday		Thursday
Type of meal to be served:						Thursday
Type of meal to be served:	Monday		Tuesday	Wednesday		Thursday
Type of meal to be served: Check days meals will be served:	Monday		Tuesday	Wednesday		Thursday
Type of meal to be served: Check days meals will be served: Start time of meal service:	Monday	No	Tuesday	Wednesday		Thursday
Type of meal to be served: Check days meals will be served: Start time of meal service: End time of meal service:	Monday Friday	No	Tuesday	Wednesday		Thursday
Type of meal to be served: Check days meals will be served: Start time of meal service: End time of meal service: Offer vs. Serve:	Monday Friday Yes		Tuesday	Wednesday		Thursday
Type of meal to be served: Check days meals will be served: Start time of meal service: End time of meal service: Offer vs. Serve: Flexible Off Site consumption:	Monday Friday Yes		Tuesday	Wednesday		Thursday
Type of meal to be served: Check days meals will be served: Start time of meal service: End time of meal service: Offer vs. Serve: Flexible Off Site consumption: Points of service:	Monday Friday Yes		Tuesday	Wednesday		Thursday

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 statues; 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.

Name of Authorized Official/SFSP Contact/ Designated Representative:

Signature:

Title:

Date

For SED Use Only:

Department Approval	
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Date

LEA (Code:
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Urban or Rural?

Urban Rural