Attachment 40

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

Sponsor Name:		
Legal Name of Meal Service Site:		
Meal Service Site Address:		
Who is the camp owner?		
The physical location of this site is:	Public	
	non-profit	
		only eligible if the site is properly procured and by the non-profit sponsoring organization.
Does the sponsor provide the camp programming?	Yes	No
If no, is the organization providing the camp programming non-profit?	Yes	No
Has the sponsor applied for a camp permit?	Yes	No
Site County:		
Nearest Public School <b>District</b> that the site is located in:		
Is this site a licensed day care center	Yes	
	No	
Name of Child Care Center:		
NYS Department of Health Agreement Number:		
Type of program(s) children are	Residentia	al Camp
enrolled in (check all that apply):		dential Camp
	Other Stat	e Recognized Programs
List other state recognized program if applicable:		

Enter Anticipated Camp Eligibility. Final eligibility/enrollment figures for sessions starting on or before July 19 are due by July 24 and sessions starting on or after July 20 are due 5 calendar days after the session start date.

### Session 1:

Session Start Date:

Session End Date:

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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 being served for this session:

Last meal being served for this session:

## Session 2:

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 being served for this session:

Last meal being served for this session:

## Session 3:

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 being served for this session:

Last meal being served for this session:

#### Session 4:

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 being served for this session:

Last meal being served for this session:

Yes No	
Indoor	Outdoor
Self-Prep (meals site)	s are prepared on site and served only at that
Sat-Prep (meals and at other site	are prepared on site and served at this site es)
Satellite (meals	are not prepared at the site)
Sponsor prepare	es meals
Purchased from agreement)	a School Food Authority (submit SFA
Competitively pr site information	ocured (submit lease agreement with this new sheet)
Purchased from dining agreemer	University campus dining (submit on campus nt)
	No Indoor Self-Prep (meals site) Sat-Prep (meals and at other site Satellite (meals Sponsor prepare Purchased from agreement) Competitively pr site information Purchased from

# Satellite Sites only complete this section.

Name of food preparation kitchen:

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):		
Where will required documents be maintained on site and readily available for State, Federal, or other regulatory authorized officials review?		
Does the sponsor plan to implement	Yes	
the Jewish Dietary Law?	No	
If yes, which option will be implemented?		
How many children can eat at this site at one time?		
Is there shift feeding?	Yes	No
if yes, number of shifts?		
Do you feed (check all that apply):	Program adu	lts
	Non-program	n adults
	Children not	eligible
How will the cost of the meals be	Charged for	meal
covered?	Not charged	for meals and paid with non SFSP funds
If charged for meals, what is the amount?		
Will you be serving children 6 years of	Yes	
age and younger a six ounce portion of milk?	No	
If yes, how many?		

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 makes these changes online or notify our office.

List all days there will be no meal service:

List all days there will be limited meal service:

# Sponsors may serve three meals plus a fourth meal supplement.

# Meal Number One:

Type of meal to be served:	Breakfast Supper 4th Meal S	uppleme	nt	Lunch Snack	
Check days meals will be served:	Monday Thursday Sunday		Tuesday Friday	/	Wednesday Saturday
Start time of meal service:					
End time of meal service:					
Offer vs. Serve	Yes	No			
Flexible Off Site consumption:	Yes	No			
Points of service:					
Please indicate the population of children eating meals:	Residential Staff Childr	-	rs	Day Camp	bers
<u>Meal Number Two:</u>					
Type of meal to be served:	Breakfast Supper 4th Meal S	uppleme	nt	Lunch Snack	
Check days meals will be served:	Monday Thursday Sunday		Tuesday Friday	,	Wednesday Saturday
Start time of meal service:					
End time of meal service:					
Offer vs. Serve	Yes	No			
Flexible Off Site Consumption:	Yes	No			
Points of Service:					

Please indicate the population of children eating meals:	Residentia Staff Childi		rs	Days Carr	ipers
Meal Number Three: Type of meal to be served:	Breakfast Supper 4th Meal S	uppleme	ent	Lunch Snack	
Check days meals will be served:	Monday Thursday Sunday		Tuesda <u>y</u> Friday	y	Wednesday Saturday
Start time of meal service:					
End time of meal service:					
Offer vs. Serve	Yes	No			
Flexible Off Site Consumption:	Yes	No			
Points of Service:					
Please indicate the population of children eating meals:	Residentia Staff Childr	-	rs	Day Camp	bers
Meal Number Four:					
Type of meal to be served:	Breakfast Supper 4th Meal S	uppleme	ent	Lunch Snack	
Check days meals will be served:	Monday Thursday Sunday		Tuesda <u>y</u> Friday	y	Wednesday Saturday
Start time of meal service:					
End time of meal service:					
Offer vs. Serve	Yes	No			
Flexible Off Site Consumption:	Yes	No			
Points of Service:					
Please indicate the population of children eating meals:	Residentia Staff Childr		rs	Day Camp	pers

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.

(Print)Authorized Official/SFSP Contact/Designated Representative:

Urban or Rural?

Urban Rural