

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

1. Sponsor Name:	SED Use Only LEA _____ Rural _____ Urban _____
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2. Legal Name of Meal Service Site (as recognized by local municipality i.e.; local tax collector/treasurer's office):

3. Meal service site address (as recognized by local municipality):

Street Number and Name City State Zip Code

Who is the camp owner: \_\_\_\_\_

4. The physical location of this site is:  public  non-profit  for-profit (Only eligible when the site is properly procured and operated by the non-profit sponsoring organization) (Additionally, the DOH camp permit must be issued to the recognized SFSP sponsor.)

5. Does the sponsor provide the camp programming?  No  Yes  
 If no: Is the organization providing the camp programming non-profit?  Yes  No  
 Have you applied for a camp permit?  No  Yes (You may be asked to provide supporting documentation).

6 Site County:

7. Nearest Public School **District** that the site is located in:

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

9. Is this site a licensed day care center that receives funds from the Child & Adult Care Food Program?  Yes  No  
 Name of Child Care Center:  
 New York State Department of Health Agreement Number:

10. Type of program(s) children are enrolled in, check all that apply:  
 Residential Camp  Non-Residential Camp  
 Other State Recognized Programs List program(s): \_\_\_\_\_  
 For a non-residential camp, what are the daily hours of operation? Start \_\_\_\_\_ End \_\_\_\_\_

11. 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 Dates		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
Start Date	End Date						

First meal that will be served on each session start date

Last meal that will be served on each session end date

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

13. Does the site have a public water supply?  Yes  No  
 If no, explain the sites water testing procedure and how often the site is required to complete testing:

14. Is this 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 at other sites)  
 Satellite (meals are not prepared at the site)

**16. Indicate how meals are obtained/procured:**  
 Sponsor prepares meals  
 Purchased from a School Food Authority (submit SFA agreement)  
 Competitively procured (submit lease agreement with this new site information sheet).  
 Purchased from University campus dining (submit on campus dining agreement)

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 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):**

**21. Where will required documents be maintained on site and readily available for State, Federal, or other regulatory authorized officials review?**

**22. Check days meals will be served:**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**23. Does the sponsor plan to implement the Jewish Dietary Law at this site?**  No  Yes  
 If yes, which option will be implemented? Refer to FNS Instruction 738-13, Administrative Guidance Book or on-line.

**24. How many children can eat at this site at one time?**  
 Is there shift feeding?  No  Yes If yes, number of shifts:

**25. Do you feed (check all that apply):**

<input type="checkbox"/> Program adults	Amount charged for each meal:	<input type="checkbox"/> not charged for meals and paid with non SFSP funds
<input type="checkbox"/> Non-program adults	Amount charged for each meal:	<input type="checkbox"/> not charged for meals and paid with non SFSP funds
<input type="checkbox"/> Children not eligible	Amount charged for each meal:	<input type="checkbox"/> not charged for meals and paid with non SFSP funds

**26. Will you be serving children 6 years of age and younger 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. 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 notify our office by making the changes online or by using the Site Change Update (Attachment 25).**  
 List all days there will be limited meal service:  
 List all days there will be no meal service:

**All sections must be completed (insert N/A if not applicable).**

Type of meal to be served	Meal Service Time Begin/End	Menu Option	Offer vs Serve (Yes, No)	Flexible Off site consumption (Yes, No, or N/A)	Number of Points of Service	(✓) meals Residential Campers Will Be Eating	(✓) meals Day Campers Will Be Eating	(✓) meals Enrollees of Other State Recognized Programs Will Be Eating
Breakfast								
AM Snack		Snack	N/A					
Lunch								
PM Snack		Snack	N/A					
Supper								
4 <sup>th</sup> Meal Supplement		Snack	N/A					

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

Department Approval \_\_\_\_\_ Date \_\_\_\_\_