

**New York State Education Department
Office of Child Nutrition
Summer Food Service Program
2023 Sponsor Waiver Request for Non-SFA's to Implement Offer versus Serve (OVS)**

Sponsor Name: _____

LEA Code: _____

Name of Contact Person: _____

Title of Contact Person: _____

Requesting to implement OVS at all approved sites.

OR list the name of sites that will implement OVS:

Sponsor must review and agree to the following:

Sponsor has reviewed the [OVS training](#) and understands the requirements of OVS.

Sponsor agrees to provide training to all meal service staff to ensure proper implementation of OVS, compliance to the meal pattern, and accuracy in meal counting and claiming.

Sponsor will ensure each site has the required OVS signage and visual aids to help children identify a reimbursable meal.

Sponsor agrees to monitor its implementation of OVS during required self-monitoring reviews conducted within the first four weeks of program operations and reviewing menus and production records.

Sponsor will implement OVS only at self-prep, congregate meal sites.

Sponsor is in good standing with all Child Nutrition Programs.

1. Please describe how OVS will be implemented including a description of the meal service method that will be used, and how options will be communicated to children:

Sponsor Signature: _____ Date: _____

SED USE ONLY

SED Signature: _____ Date: _____

Approved

Denied