

SITE INFORMATION SHEET					
19. Type of Meals Served				State Use Only	
	Sponsor Estimate No.	Serving Time		No. of Meals Approved	Approved Vendor Delivery
		Begin	End		
Breakfast					
A.M. Supplement					
Lunch					
P.M. Supplement					
Supper					
NOTE: Residential and non-residential camps estimate ELIGIBLES only.					
8. Rural <input type="checkbox"/> or Non-Rural <input type="checkbox"/>					
9. Type of Site (Check One)		10. Type of Meal Service (Check One)			
____ A. Open		____ A. Self-Prep/On Site			
____ B. Closed Enrolled		____ B. Self-Prep/Satellite			
____ C. NYSP		____ C. Satellite			
____ D. Camp					
____ E. Migrant					
____ F. Homeless					
11. If answer to 9 is A or B, check one of the following to document that the site is an area in which poor economic conditions exist (at least 50% needy children, see procedures):		20. Inclement Weather Arrangements: Where will all children eat in instances of inclement weather? (If no alternate arrangements made, indicate site "closed")			
____ A. Census Tract Data (attach copy)		21. Meal Service:			
____ B. Socio Economic Survey		A. Is there adequate space to serve all children together? <input type="checkbox"/> Yes <input type="checkbox"/> No			
____ C. Enrollment Documentation (attach copy)		B. Is there shift feeding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		C. How many staff will directly supervise the meal service? _____			
		D. Does the site have refrigeration units? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		E. Cooler(s) <input type="checkbox"/> Refrigerator(s) <input type="checkbox"/>			
		F. How many? _____			
		G. Is the amount of refrigeration adequate to store all meals through the completion of the meal service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Indicate other United States Department of Agriculture (USDA) program in which this site participates.		22. Meal Adjustments: Describe the system for communicating meal adjustments between site and sponsor personnel.			
<input type="checkbox"/> School Breakfast Program <input type="checkbox"/> National School Lunch Program					
<input type="checkbox"/> Child Care Program <input type="checkbox"/> Food Distribution Program					
<input type="checkbox"/> None <input type="checkbox"/> Other					
NOTE: Sites may not receive simultaneous funding for more than one USDA program.					
13. Does this program operate year round? <input type="checkbox"/> Yes <input type="checkbox"/> No		CERTIFICATION			
14. Is there any regularly scheduled organized activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I certify that this site has been visited and confirmed that it has the capability and facilities for meal service planned for the number of children anticipated to be served. I further certify that the information on this form and subsequent attachments is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt to Federal Funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The free meals must be made available to all children regardless of sex, age, race, color, disability or national origin.			
15. Has this program participated in the Summer Feeding Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____					
16. Name and Address of Food Preparation Facility					
17. Operating Dates (Meals Served to Children): Beginning ____/____/____ Closing ____/____/____ M D Y M D Y		Name/Title of Site Representative			
18. Number of Operating Days (Meals Served to Children): June____ July____ Aug.____ Sept.____ Total Days _____ Residential Camps Only: Check if open ____ Sat. ____ Sun. Total No. Sat/Sun ____ [Indicate Sat./Sun. dates of operation (month/day)]		Signature _____ Date _____			
		Name/Title of Authorized Sponsor/Representative			
		Signature _____ Date _____			
		State Agency Use Only: Percentage of children verified as eligible for free and reduced priced meals _____% Verification source: _____ Socio Eco. Survey_____ Census _____			
		Name/Title of State Agency Representative _____ Date _____			
Adopted From MARO Revised 05/15					

**SPONSOR/SITE AGREEMENT
FOR THE SUMMER FOOD SERVICE PROGRAM**

Name of site: _____

Address of site: _____

Site supervisor/State agency official: _____

Telephone: _____

The person named above agrees to:

1. Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).
2. Serve meals that meet the minimum meal pattern requirements.
3. Provide adequate supervision during the meal service.
4. Maintain and submit promptly such reports and records that the sponsor requires.
5. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
6. Report any other problems regarding the meal services.
7. Comply with civil rights laws and regulations.
8. Attend sponsor training sessions.

Site Supervisor/State Agency Official

Date

Sponsor

Date