



**16. 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 other sites)
- Satellite (meals are not prepared at the site)

**17. Indicate how meals are obtained/procured:**

- Purchased from a School Food Authority
- Competitively Procured
- Sponsor Prepares Meals

**Sat-Prep and Satellite sites only complete 18-21**

18. Name of food preparation kitchen location: \_\_\_\_\_
19. Address of food preparation kitchen location: \_\_\_\_\_
20. County of food preparation kitchen location: \_\_\_\_\_
21. 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): \_\_\_\_\_
22. Where will required documents be maintained and readily available for State, Federal, or other regulatory authorized officials review? \_\_\_\_\_
23. Check days meals will be served:      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday
24. Check days meals will be distributed:      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday  
Describe your distribution method: \_\_\_\_\_
25. Does the sponsor plan to implement Jewish Dietary Law at this site?      Yes      No  
If yes, which option will be implemented (Refer to FNS instruction 738-13, Attachment 5 in the NYSED Attachments Manual)? \_\_\_\_\_
26. Is there shift feeding?      Yes      No      If yes, number of shifts: \_\_\_\_\_
27. Do you feed (check all that apply):  
 Program Adults: Amount charged for each meal: \_\_\_\_\_ not charged for meals and paid with Non-SFSP funds  
 Non-program Adults: Amount charged for each meal: \_\_\_\_\_ not charged for meals and paid with Non-SFSP funds  
 Children not eligible: Amount charged for each meal: \_\_\_\_\_ not charged for meals and paid with Non-SFSP funds
28. Will you be serving a six ounce portion of milk?      Yes      No      If yes, how many? \_\_\_\_\_
29. During the period of time in which meals are being served, what is the maximum number of children the site can accommodate? \_\_\_\_\_
30. 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 CNMS to reflect these changes.

Type of meal to be served	Meal Service Time Begin	Meal Service Time End	Menu Option	Offer vs. Serve (Yes/No)	Flexible Off-site Consumption (Yes/No)	Number of Points of Service	(✓) meals Residential Campers Will Be Eating	(✓) meals Day Campers Will Be Eating	(✓) meals Staff Children 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 \_\_\_\_\_