SED Use Only

LEA Code: _____

Rural _____ Urban ___

NEW YORK STATE EDUCATION DEPARTMENT Summer Food Service Program

COVID-19 New Site Information Sheet

1. Sponsor Name: ____

2. Legal Name of Meal Service Site (as recognized by local municipality ie; local tax collector/treasurer's office):

3.	Meal Service Site Address (as recognized by local municipality): Street Number and Name:						
	City:	State:	Zip Code:				
4.	County the site is located in:						
5.	Nearest Public School District the site is	ublic School District the site is located in:					
6.	Select each nation-wide waiver you will	implement at this site:					

Please note: If you have not already been approved for the waivers listed below, you must request them at the sponsor level in CNMS. if you have any questions, please email your representative.

Non-Congregate Meal Service Waiver	Meal Service Time Waiver (if distributing more than one meal type at the		
Grab and Go	same time)		
Home distribution	Bulk Food Waiver		
Both	Parent-Guardian Pick-Up Waiver		

7. Type of Site:

Area Eligible/Open Site: Serves meals to any child 18 years and under, located in an area where at least 50% of the children are from households that would be eligible for free or reduced-price school meals under the NSLP and the SBP.

Non-Needy Area/Closed Enrolled Site: Serves an identified group of children through 18 years of age who are in an enrolled program. Once the sponsor has established that at least 50% of the enrolled children qualify for free or reduced school meals; all enrolled children may be claimed for reimbursement. ******If implementing the Area Eligibility Waiver, this requirement is waived.

8. Complete this section for Area Eligible/Open Sites Only:

Eligibility Documentation: enter data in at least one of the following areas:

School Data: (Enter Name and LEA code of school(s) in from the Area Eligible School Data List)

School (Public/Non-Public) Name(s)	School LEA Code

Census Data (enter 10 or 12 digit block group number): _____

Other (specify): _____

9. Complete this section for Non-Needy Area/Closed Enrolled Sites Only:

Select how you will determine that at least 50% of the enrolled participants meet the 50% free or reduced eligibility criteria for the site:

Application Certification Certification	Household Income Application	CACIT	Headstart Certification	School Certification	Area Eligibility Waiver
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10. 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)

11	. Indic		als are obtain vely Procured	ed/procured:	• .				
	Non-Competitive Emergency Procurement								
	Sponsor Prepares Meals								
Sat	-Prep a	•	sites only con						
	-		-	=					
13.	3. Address of food preparation kitchen location:								
14.	County of food preparation kitchen location:								
15.	 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):								
16.	First (date SFSP me	als will be ser	ved (month/day	/vear):				
					/year):				
18.	Checl	k days meals	will be provid	ed for:					
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
19.	Check	•	will be distrib						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
-	If yes Please	, which optio	n will be impl e meals you w	emented (Refer ill be serving, alc	ong with other in	on 738-13, A formation r	equested. Plea	n the NYSED Atta	achments Manual)? nnot be approved to actual number of
			• •		date CNMS to re				
					Me	al Type One	2	Meal Ty	vpe Two
		Meal Distri	bution Begin	Time					
			bution End Ti						
		OVS (Y or N	1)						
		Anticipated	Participatior	I/CAP					
	servio that t of inf availa activi	ce planned fo the informati formation ma able to all chi ty in any prop	r the number on on this for y result in pro ldren regardle gram or activi	of children antion m is true and co osecution under ess of race, color ty conducted or	cipated to be ser rrect; that the sp applicable State , national origin, funded by USDA	rved; that al oonsor is aw and federal , sex, disabil A.	l eligible childro rare that delibe criminal statuo ity, age or repr	en will be served rate misreprese es; and that this isal or retaliatio	d facilities for the meal d meals free of charge; ntation or withholding program will be n for prior civil rights
(Pr	rint)Au	ithorized Offi	cial/SFSP Con	tact/Designated	Representative	(Signature)	-	Title	Date

Department Approval