SFSP Site Information Sheet- Template

Site Sponsor: #1514 KMACE Foundation

Site Name_____

Physical Address _____

City _____ State _____ Zip _____ County _____

Meal Service Information (2 meal types only- Ask Sponsor for any meal type or time restrictions):

<u>Breakfast Service</u>

1. Meal Preparation Type:

   ☐ Vended   ☐ On- Site Self Prep   ☐ Satellite Self Prep

2. What are the meal service dates? Start Date _____ End Date _____

3. What are the meal service times? Start Time: _____ End Time: _____

 4. Check all days of the week meals are served and claimed for reimbursement.

   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

   _____

6. What is the Average Daily Attendance (ADA) for this meal service? _____

<u>AM Snack Service</u>

1. Meal Preparation Type:

   ☐ Vended   ☐ On- Site Self Prep   ☐ Satellite Self Prep

2. What are the meal service dates? Start Date _____ End Date _____

3. What are the meal service times? Start Time: _____ End Time: _____

 4. Check all days of the week meals are served and claimed for reimbursement.

   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

   _____

6. What is the Average Daily Attendance (ADA) for this meal service? _____

<u>Lunch Service</u>

1. Meal Preparation Type:

   ☐ Vended   ☐ On- Site Self Prep   ☐ Satellite Self Prep

2. What are the meal service dates? Start Date _____ End Date _____

3. What are the meal service times? Start Time: _____ End Time: _____

4. Check all days of the week meals are served and claimed for reimbursement.

   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July)

   _____

6. What is the Average Daily Attendance (ADA) for this meal service? _____

<u>PM Snack Service</u>

1. Meal Preparation Type:

   ☐ Vended   ☐ On- Site Self Prep   ☐ Satellite Self Prep

2. What are the meal service dates? Start Date _____ End Date _____

3. What are the meal service times? Start Time: _____ End Time: _____

4. Check all days of the week meals are served and claimed for reimbursement.

   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July)

   _____

6. What is the Average Daily Attendance (ADA) for this meal service? _____

<u>Supper Service</u>

1. Meal Preparation Type:

   ☐ Vended   ☐ On- Site Self Prep   ☐ Satellite Self Prep

2. What are the meal service dates? Start Date _____ End Date _____

3. What are the meal service times? Start Time: _____ End Time: _____

4. Check all days of the week meals are served and claimed for reimbursement.

   ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

   _____

6. What is the Average Daily Attendance (ADA) for this meal service? _____

Participation Information:

1. Please choose a site type for this site:

   ☐ Apartment Complex ☐ Boys & Girls Club ☐ Church   ☐ Upward Bound

   ☐ Day Care   ☐ Farmers Market   ☐ Homeless   ☐ Hotel

   ☐ School   ☐ Library   ☐ Medical Delivery ☐ Migrant

   ☐ Mobile   ☐ WIC   ☐ YMCA   ☐ Recreation

   ☐ HUD (Housing and Urban Development)   ☐ Rural Development (RD)

   ☐ National Park Service   ☐ CROP (College Reach Out Program)

   ☐ NYSP (National Youth Sports Program)   ☐ Police Athletic League

   ☐ Non-Residential Camp   ☐ Residential Camp

2. Is this a For-Profit Site?

   ☐ Yes ☐ No

   If yes, please request a For-Profit Certificate from your sponsor.

3. If you currently operate the Child and Adult Care Food Program (CACFP), will you ensure the children will not be claimed on CACFP and SFSP?

   ☐ Yes ☐ No ☐ N/A

4. If this is a Migrant Site, do you certify that the local migrant coordinator has been contacted to verify the location is a migrant site.

   ☐ Yes ☐ No ☐ N/A

5. Is this is a Residential or Non-Residential Camp Site?

   ☐ Yes ☐ No

   If yes, please request a hearing procedures form template from your sponsor.

6. Eligibility Information (To be filled out by the Sponsor)

   Check Applicable:

   ☐ Open   ☐ Open Restricted   ☐ Closed Enrolled

   a. If Open Restricted, please explain:

   _____

7. Is this site area eligible? (To be filled out by the Sponsor)

☐ Yes ☐ No

    a. If yes, please indicate documentation type below:

    ☐ October Data   ☐ Census Tract ☐ Other (attach supporting documentation)

        i. If October Data,

        School Number: _____

        School Name: _____

        Economically Needy Percentage: _____

        School Year Eligibility Established: _____

        ii. If Census Tract,

        Census Tract Number: _____

        Block Group Number: _____

        School Year Eligibility Established: _____

    b. If no, please indicate how the income eligibility form requirement is being met:

    ☐ Collected   ☐ On File ☐ Other

8. Will the site participate in any field trips where meals will be transported and counted at the Point of Service (POS) off site?

☐ Yes ☐ No

If yes, please attach a field trip schedule including dates, times, addresses, and approximately how many children will attend.

    a. If yes, will the site be closed during field trips?

    ☐ Yes

    ☐ No

9. Does this site operate more than one Point of Service?

☐ Yes ☐ No

    a. If yes, please provide a detailed description of the multiple Points of Service and Meal Counting procedures to your Sponsor.

10. Will meals be claimed by grades or ages?   ☐ Grade ☐ Age

    a. If grades, what grades will be served? _____

    b. If ages, what ages will be served? _____

11. What arrangements been made for food service during inclement weather?

_____

12. Indicate what the site will do with leftover meals.
   ☐ Return to preparation facility

   ☐ Refrigerate or store for next day service

   ☐ Discard

   ☐ Donate

Officials (Must have at least one. These officials must have attended a sponsor training):

<u>Site Supervisor</u>

Position/Job Title _____

Name _____

Email _____

Phone Number _____

<u>Alternate Site Supervisor</u>

Position/Job Title _____

Name _____

Email _____

Phone Number _____

_____   _____   _____

Signature of Authorized Representative   Title   Date

_____

Sponsor Only:

Received:_____

Entered into FANS: _____

Site Number: _____