

SAMPLE

THIS SECTION FOR OFFICIAL USE ONLY:

SITES _____
ADP _____
Operating Days _____

BUFFALO BOARD OF EDUCATION SUMMER FOOD SERVICE PROGRAM SITE APPLICATION

Site Name: ABC COMPANY - SAY YES SUMMER CAMP

Address of Food Service Site:

123 ANY STREET
BUFFALO, NY 14202

Name of person filling out this report

Print: JOHN DOE

Signature: John Doe

Mailing address: 245 ANY STREET

BUFFALO, NY 14202

Did this site participate last year?

Yes No

Telephone number: (716) 123-4567

Days of the week site will be serving

Dates of operation: Start date: JULY 5, 2016

End date: AUGUST 12, 2016

meals (circle those that apply):

(Mon) (Tue) (Wed) (Thur) (Fri)

*MUST
CIRCLE
ALL DAYS

DAILY MEAL SERVICE

Indicate meal(s) and service time maximum 2 meals ONLY

Types of meals to be served

Time meal service begins

Time meal service ends

Breakfast

8:00 AM

9:30 AM

Lunch

11:30 AM

12:00 PM

Snack

*WILL VARY
BASED ON
YOUR CAMP'S
CAPACITY

Seating capacity at site: How many children can eat at this site at one time? 100

Maximum number of children to be fed at this site throughout the summer on a daily basis 100

Describe the organized and supervised system for serving meals to attending children:

STAFF WILL BE PRESENT TO DISTRIBUTE AND MONITOR MEALS TO STUDENTS

Hours of the program: from 8:00 am to 12:00 pm

Is there a regularly scheduled organized activity at this site? Yes No

Describe: SAY YES SUMMER CAMP

*WILL VARY
BASED ON
YOUR
FACILITY

Number of serving areas 2

Where CAFETERIA, CLASSROOM

Describe arrangements for the delivery and holding of meals:

1. How and where meals are stored MEALS WILL BE STORED IN A REFRIGERATOR IN OUR BUILDING'S KITCHEN. DELIVERY WILL BE VIA BPS.

2. Is there refrigeration on site? YES

To hold meals prior to service YES

To hold excess meals YES

3. Describe procedure to adjust the number of meals daily WE WILL TAKE DAILY ATTENDANCE AND MAKE ORDERED ADJUSTMENTS AS NEEDED

Will there be adequate personnel at site to supervise meal service? Describe YES.

THERE WILL BE A 1:10 STAFF TO STUDENT RATIO AT ALL TIMES

FACTUAL
CAMP →
SITE

ADMIN →
OFFICE

*** SAMPLE ***

Attachment 13

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

Name of site: ABC COMPANY - SAY YES SUMMER CAMP

Address of site: 123 ANY STREET

Site Supervisor/Authorized Official: JOHN DOE

Telephone: (716) 123-4567

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.

John Doe
Site Supervisor/Authorized Official

2/1/14
Date

Sponsor _____

Date _____