



Appendix 2: Prototype Forms for the Summer Food Service Program

2024

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1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

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3. Email: Program.Intake@usda.gov

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Introduction

In this appendix, you will find various prototype (sample) forms to help sponsors at various levels of Program administration. These forms are *optional*. State agencies, sponsors, and sites, may use the forms as they see fit, be it a useful resource, or simply a guide to create their own forms. The forms are grouped by the SFSP Administration Guide unit in which they can be found.

Forms Related to Unit 2: Applying to the Summer Food Service Program

Prototype Proactive Planning for Sponsors Checklist

Providing summer meals is a year-round effort. At any point throughout the year, there are things you can do to proactively approach SFSP operation. For more information, visit the FNS *Summer Food Service Program*, website, <https://www.fns.usda.gov/sfsp/summer-food-service-program>.

SPONSOR PLANNING

Given that States have their own deadlines, this list provides general information that sponsors can use to plan their Summer Meal Programs.

FALL

- Ensure all claims for reimbursement have been filed.
- Consolidate daily meal counts and submit reimbursement claims.
- Take time to reflect on the summer with site administrators and what could be improved or what worked.
- Reflect on the service provided by your vendor. Ensure the food was well-received by the children. Revise menus as needed.
- Review unserved and underserved areas near current sites. Recruit sites to these areas of need.
- Compare participation from this year to that of prior years, as well as current participation for free and reduced price meals in local schools.
- Reach out to sites that were underutilized and offer support to increase participation for the coming year.
- Consider providing nonmonetary awards to recognize sites that excelled during the summer.
- Set participation goals for the next summer and plan how you will accomplish them.
- Look out for dates on mandatory sponsor training from your State agency.

WINTER

- Sign up for and attend mandatory sponsor training classes.
- Determine which sites are returning, explore new site options, and meet with community partners.
- Plan site staff training, meal production and delivery, and programs and activities.

MARCH/APRIL

- Review sites and ensure you are aware of their locations, operational hours, staff, and dates for monitoring.
- Think about how meals will be delivered to the sites and how many will be served.
- Complete pre-operational site visits.
- Ensure administrative staff are trained.
- Finish application and renewal forms.
- Contract with a food service management company, if necessary.
- Check with the State agency to determine if there are any potential sites lacking sponsors or areas lacking sites and sponsors and consider extending service to those areas.

PRIOR TO OPENING

- Ensure your sites are still available and ready to serve meals.
- Conduct outreach to families and children near your sites.
- Finish health inspection letter.
- Ensure site staff and volunteers have been trained.
- Prepare to promote SFSP kick-off events in conjunction with your other State and organizational partners.
- June 15: All sponsor applications must be submitted to the State agency. Note that States may have earlier deadlines.

WHILE OPEN

- Engage with partners to see what else they need to support the Program.
- Conduct monitoring visits to sites and ethnic/racial participation evaluation.
- Ensure all monitoring and financial management documentation is complete and accurate.

Prototype Sponsor Planning Checklist

Date Completed	Action
	Meet with community leaders, if possible, or survey community for assistance in determining suitable site locations.
	Choose possible sites and compile written documentation supporting the eligibility of each site. This involves determining the method to be used to show need (such as area eligibility based on census tract or school district data, or the enrollment of each participating child) and rural location (for non-congregate meal service).
	Choose method of meal preparation (self-preparation of meals or purchase of meals from a school food authority or a public or private food service management company).
	If meals will not be prepared by the sponsor, contact local schools and other possible vendors concerning vending meals for the Program.
	Contact recreation departments, schools, and local service organizations to coordinate recreation activities with planned food service at sites.
	Contact reliable site supervisors from previous year(s) to determine if they have an interest in continuing in the Program.
	Attend training workshops offered by State agency personnel.
	Hire secretarial staff to assist the program director.
	Develop specifications for the invitation to bid (if applicable).
	Publicly advertise the bid, at least 14 days before bid openings (if applicable).
	Estimate potential Program reimbursement and develop budget and staffing plans for the Program.
	Solicit volunteer help at sites whenever possible.
	Hire an assistant program director, if necessary.
	Design forms, use the State agency's sample forms, or the sample forms in this Guide to support Program operations.
	Set up a filing system for those documents that must be maintained for at least 3 years.

Date Completed	Action
	For camps, conditional non-congregate sites, and closed-enrolled sites using free or reduced price school meal eligibility to qualify, obtain data for each child to document eligibility for free or reduced price school meals.
	Notify the health department of intention to operate a food service program, giving a list of sites you plan to serve.
	Submit to the State agency a copy of the notification letter to the health department as part of the application for participation.
	Conduct a pre-operational visit for new sites, sites that experienced operational problems the previous year, and existing sites that are new to non-congregate meal service.
	Submit a complete application with accompanying documents to the State agency. Include all attachments as requested by the State agency.
	Use proper procedures to select a vendor (if applicable).
	Meet the vendor and develop delivery schedules (if applicable).
	Arrange for facilities, equipment, and food purchases at self-preparation sites (if applicable).
	Hire monitors and site supervisors.
	Hold training workshops for monitors and site supervisors.
	Announce the availability of the Program and the nondiscrimination policy through the local media.
	Finalize monitoring schedules and any emergency procedures.
	Arrange to have a nondiscrimination poster, either developed by USDA or approved by the State agency, for each site.

Prototype Media Release

Sponsors are required announce annually the availability of free meals through the media serving the area from which it draws its attendance availability. Below are a sample media releases that Sponsors may use to craft their outreach message.

Prototype Media Release: Open sites

[Insert name of Sponsor] is participating in the Summer Food Service Program. Meals will be provided to all children without charge and are the same for all children regardless of race, color, national origin, sex (including gender identity and sexual orientation), age or disability, and there will be no discrimination during the course of the meal service. Meals will be provided, at a first come, first serve basis, at the sites and times listed below:

[list all sites along with the start and end times of meal service for each site]

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Prototype Media Release: Closed-Enrolled Sites, Camps, and Conditional Rural Non-congregate Sites

[Insert name of Sponsor] is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a residential or non-residential camp or at a conditional rural non-congregate site, children must meet income guidelines for free or reduced price meals in the National School Lunch Program. The income guidelines for free or reduced price meals by family size are listed on the next page.) [Note to sponsors: include the income eligibility guidelines with this release.] Foster children or children who are part of households that receive Supplemental Nutrition Assistance Program (SNAP) benefits or benefits under the Food Distribution Program or Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals.

Acceptance and participation requirements for the Program and all activities are the same for all children regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided, at a first come, first serve basis, at the sites and times listed below:

[list all sites along with the start and end times of meal service for each site]

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Forms Related to Unit 3: Administering the Summer Food Service Program

Prototype Position Description (Cook)

Below you will find a sample position description for a cook, which includes a description of the duties and responsibilities. This is only an example and can be customized for any other relevant roles.

Job Title: Cook

Effective Date:

Prepares, seasons, and cooks soups, meats, vegetables, desserts, and other foods for consumption by children and some adults.

Responsibilities:

Reads from menu and recipes to estimate food requirements and orders food from supplier or procures it from storage.

Prepares food according to food safety requirements, and records temperatures of equipment and food at time of service. Reinforces the practice of frequent handwashing and takes steps to prevent cross-contamination.

Adjusts thermostat controls to regulate temperature of ovens, broilers, grills, roasters, and/or steam kettles.

Measures and mixes ingredients according to recipe, using variety of kitchen utensils and equipment, such as blenders, mixers, grinders, slicers, and tenderizers, to prepare soups, salads, gravies, desserts, sauces, and casseroles.

Bakes, roasts, broils, or steams meats, fish, vegetables, and other foods.

Adds seasoning to food during mixing or cooking, according to standardized recipes.

Observes and tests food being cooked by tasting, smelling, and taking the internal temperature of food to determine that it is cooked.

Carves meat, portions food on serving plates, and adds gravies, sauces, and garnishes to food orders.

May supervise other cooks and kitchen employees.

May wash, peel, cut, and shred vegetables and fruits to prepare them for use.

May bake bread, rolls, cakes, and pastry.

Job Title: Cook

Effective Date:

Keeps accurate records of amounts used.

Clean up as necessary.

Prototype Training Checklist for Administrative Staff

Use this checklist for training sponsor administrative staff, including office assistants, clerks, bookkeepers, secretaries, area supervisors, and monitors. Everything listed in this checklist applies to both congregate and non-congregate meal sites, unless otherwise specified.

1. General explanation of the Program:

- Purpose of the Program
- Site eligibility
- Recordkeeping requirements
- Site operations
- Meal pattern requirements
- Nondiscrimination compliance

2. How the Program operates:

- How meals will be provided
- The delivery schedule of vended meals, if applicable
- Delivery routes for non-congregate meal sites
- What records are kept and what forms are used

3. Special duties of Monitors (include if separate training is not held for monitors):

- How to conduct site visits and reviews
- Sites for which each monitor is responsible
- Monitoring schedule
- Reporting procedures
- Office procedures

Prototype Training Checklist for Monitors

In addition to the topics covered above, this checklist outlines sample topics that monitors should be trained on.

- Sites for which they will be responsible
- Conducting site visits and reviews
- Monitoring schedules
- Reporting and recordkeeping procedures
- Follow-up procedures
- Office procedures
- Local sanitation and health laws
- Civil Rights requirements
- Reporting racial/ethnic data
- Personal safety precautions, *if necessary*

Prototype Training Checklist for Site Staff

1. General explanation of the Program

- Purpose of the Program
- Site eligibility
- Importance of accurate records especially meal counts
- Importance of organized activities at sites

2. How sites operate

a. For vended sites:

- Types of meals to be served and the meal pattern requirements (provide planned menus)
- Delivery schedules (give exact times)
- Adjustments in the number of meals delivered
- Facilities for storing meals
- Who to contact about problems (name and phone number)
- Approved level of meal service

b. For self-preparation sites:

Meal pattern requirements

c. Non-congregate meal service - *the topics listed below are in addition to the topics mentioned above depending on the chosen site type:*

Multi-day meal issues

Parent or guardian pick-up of meals

Bulk meals (self-prep sites only)

3. Recordkeeping requirements

Daily recordkeeping requirements

Delivery receipts (provide sample forms)

Seconds, leftovers and spoiled meals

Daily labor – actual time spent on food service and time and attendance records

Collection of daily record forms

Maintain copies of meal service forms

4. Monitors' responsibilities (use site visit and review forms)

Duties and authority

Introduce monitors and discuss areas of assignment

5. Civil Rights requirements

6. Other policies/issues

What to do in inclement weather and alternate service areas

How to handle unauthorized adults trying to eat meals

How to handle discipline

Review equipment, facilities, and materials available for recreational activities

Review trash removal requirements

Discuss corrective action

Nutrition education

Prototype Sponsor/Site Agreement for the Summer Food Service Program

When sponsors administer sites that are not legally affiliated with their organization, the sponsor should enter into an agreement with the site supervisor or responsible official. Below is a sample Sponsor/Site Agreement form that sponsors may use.

Name of site: _____

Address of site: _____

Site supervisor: _____ Telephone: _____

The person named above agrees to:

1. Serve meals to all eligible 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 non-profit 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. Except for non-congregate meal service sites using home delivery services, the individual is on site for the duration of the food 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 Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

Prototype Checklist of Records

This is intended as a prototype and is not an all-inclusive list. Sponsors should check with their State agency for a complete list of record requirements. See SFSP 05-2023, *Best Practices for Meal Claim Verification and Ensuring Properly Payable Claims in the Summer Food Service Program*, April 3, 2023, <https://www.fns.usda.gov/sfsp/best-practices-meal-claim-verification-payable-claims> for more information for additional information.

1. Records that document eligibility for the Summer Food Service Program:

- Approved agreement
- Application
- Site Information Sheet for each site
- Evidence to show eligibility for each site based on serving needy children (or in the case of camps, closed-enrolled sites, and conditional non-congregate sites, evidence to show that children are individually documented as being eligible for free or reduced price school meals)
- Public release
- Letter from IRS showing tax-exempt status (for private non-profit sponsors)
- Pre-operational site visit forms
- Sponsor/site agreements
- Documentation of training
- Letter of engagement of CPA firm or independent accountant, or State or local government accountant and management letter (if applicable)
- Letter to health department

2. Records that support the number of meals served to children:

- Daily count of milks delivered
- Daily count of milks leftover
- Daily count of meals prepared or received at sites
- Daily count of complete first meals served to children
- Daily count of complete second meals served to children at congregate sites
- Daily count of meals served to Program and non-Program adults

- Daily count of disallowed meals
- Daily count of excess meals
- Delivery Receipts
- Menus
- Production Records
- Sponsor Applications/Site Information Sheets
- Daily Participation or Attendance Records

3. Records that support food service costs:

- Food inventories
- Delivery receipts for vended meals
- Payroll and time-and-attendance records for site personnel
- Purchase invoices, such as milk and food receipts (to include documentation of cash purchases)

4. Records that support administrative costs:

- Payroll and daily time-and-attendance records for administrative personnel
- Rental agreements for office equipment or space
- Mileage records

5. Records to support funds accruing to the Program:

- Site records of cash collected
- Copies of receipts given for cash donations
- Records of any other funds received for the Summer Food Service Program

6. Other records:

- Agreement with schools to furnish meals
- Contract with a food service management company
- Bid procedures used
- Records and inventories of USDA-donated foods
- Monitor's reports of site visits and reviews

- Records of training conducted
- Menu records
- Receipts, invoices, and bills for all rented or purchased items and services
- Bank statements and deposit slips
- Accounting ledgers
- Sanitation and health reports
- Certification of Independent Price Determination (FSMC contracts)
- Beneficiary Data Form
- Food Donations
- Procurement Procedures
- Written Standards of Conduct
- All sponsor procedures which reflect the SFSP operations

Prototype Daily Meal Count Forms

Instructions

Each site must take a point-of-service meal count every day. This form may be used for the daily meal count.

1. Line 1 equals the total meals available. That number equals the number of meals received or prepared plus the number of meals available from the previous day.
2. Line 2 equals the total number of first meals served to children. Cross out each number as a child receives a meal. Include any teenagers, 18 and under, paid or unpaid, who are helping out at the site. (If more than 150 children are served at the site, use the optional second page. For sites needing the second page, we suggest printing this form front to back.)
3. Line 3 equals the total number of second meals served to children. (Remember, reimbursable meals are limited to no more than two percent of the total number of first meals served.)
4. Line 4 equals the total number of meals served to Program adults. “Program adults” are adults who work directly as part of the operation of the food service. This includes all adults who prepare meals, serve meals, clean up, or supervise the children. This does not include teenagers, 18 and under, who may perform these tasks at the site. Meals for children 18 and under are fully reimbursable, and you would count these meals on Line 2.
5. Line 5 equals the total number of meals served to non-Program adults. “Non-Program adults” are adults who are not directly involved in the operation of the food service. Non-Program adults include any sponsor administrative staff, such as monitors or sponsor directors, or State or Federal reviewers.
6. Line 6 equals the total number of meals served, which is the sum of Lines 2 – 5.
7. Line 7 equals the total number of meals that are unusable because they are damaged, incomplete, or otherwise non-reimbursable.
8. Line 8 equals the total number of leftover meals, which is calculated by subtracting Line 6 from Line 1.
9. Line 9 equals the sum of Lines 6, 7, and 8. It accounts for all meals and should equal Line 1.
10. Use the line at the bottom of the form to record the number of children requesting a (first) meal after all available meals were served. This information is helpful in adjusting meal orders upward.
11. The site supervisor must sign and date the meal count form.

Prototype Congregate Meal Count Form

Site name: _____

Supervisor's name: _____

Site address: _____

Delivery time: _____

Site telephone number: _____

Date: _____

Meal type:

Breakfast

Lunch

Snack

Supper

(1) Total meals available: _____

(Total meals available = meals received/prepared + meals available from previous day)

(2) Total first meals: _____

(To count total first meals, cross off a number on the grid below as each child receives a meal)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150

(3) Total second meals: _____

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

11	12	13	14	15	16	17	18	19	20
----	----	----	----	----	----	----	----	----	----

(4) Meals served to Program adults: _____

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

(5) Meals served to non-Program adults: _____

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

(6) Total meals served: _____

(Total meals served = 2 + 3 + 4 + 5)

(7) Total damaged/incomplete/other non-reimbursable meals: _____

(8) Total leftover meals: _____

(9) Total of items: _____

(Total of items = 6 + 7 + 8, and should be equal to item 1)

(10) Number of additional children requesting a meal after all available meals were served:

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

By signing below, I certify that the information above is true and accurate:

Supervisor's name: _____

Signature: _____ Date: _____

Prototype Non-Congregate Meal Count Form

Site name: _____

Supervisor's name: _____

Site address: _____

Delivery time: _____

Site telephone number: _____

Date: _____

Meal type:

Breakfast

Lunch

Snack

Supper

Total meals available: _____

(Total meals available = meals received/prepared + meals available from previous day)

A. How many breakfasts, lunch, snacks, or suppers (circle one) is the child receiving at one time?

(Please note that children may not receive more than 5 days' worth of meals at one time)

1	2	3	4	5
---	---	---	---	---

B. Children Served (each mark = 1 meal pack of 1, 2, 3, 4, or 5 meals as stated in Section A):

(Note that all meals recorded on this sheet are for children 18 and younger only)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130

131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170
171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200

C. Individual meals served: _____

(if multiple meals are offered but fewer are requested, mark them individually below)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50

D. Total meals served (# of Meals Provided [A] x Children Served [B] + Individual meals served to children [C])

Total Meals Calculation: ([A] _____ x [B] _____) + [C] _____ = D) Total Meals to Claim: _____

Total leftover meals: _____

Total damaged/incomplete/other non-reimbursable meals: _____

Total meals served + Non-reimbursable meals + Total leftover meals: _____

(This number should be equal to total number of meals available for the day)

By signing below, I certify that the information above is true and accurate:

Supervisor's name: _____

Signature: _____ Date: _____

Prototype Meal Count (Weekly Consolidated)

Instructions

1. Use this form to consolidate daily meal count information.
2. Use a separate consolidated meal count form for each meal type.
3. Information for Items 1 – 9 should be transferred directly from the Daily Meal Count Form for the week.
4. Information for Item 10, Money Collected/To Be Collected For Adult Meals, is not collected on the Daily Meal Count Form.
5. When completed, this form must be signed and dated by the Site Supervisor.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Week's total
10. Money collected/to be collected for adult meals								

Remarks:

Meal Type	(A) Total 1 st Meal/Snacks Served	(B) Total 2 nd Meal/Snacks Served	(C) Total 2nd Meal/Snacks Limitation (.02 x A)	(D) Allowable 2 nd Meals/Snacks - Lesser of (B) or (C)	(E) Allowable Total Meals/Snacks (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

Camper's Name	Meals code	Mon	Tue	Wed	Thu	Fri	Sat	Sun
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper						
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper						
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper						
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper						
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper						

Total eligible meals: _____

Total Program adult meals: _____

Total ineligible meals: _____

Total non-Program adult meals: _____

I certify that the information above is true and accurate:

Supervisor's name: _____ Signature: _____ Date: _____

Prototype Time Report – Administrative Staff

Sponsor name: _____

Sponsor Phone number: _____

Sponsor Address: _____

Hours Worked in SFSP Administration

Name	Hours Per Day							Total Hours Weekly	Hours Wage	Total Claimable
	S	M	T	W	T	F	S			

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature: _____ Date: _____

* Use this form for administrative staff performing an **administrative** cost task, that is, tasks related to the **administration** of the Program (e.g. monitors, bookkeepers, office staff, directors).

Note: Administrative labor costs must be in the administrative budget approved by the State Agency.

Prototype Time Report – Site and Food Service Staff

Site name: _____

Sponsor name: _____

Site number: _____

Sponsor number: _____

Site address: _____

Sponsor address: _____

Hours Worked in Food Service

Name	Hours Per Day							Total Hours Weekly	Hours Wage	Total Claimable
	S	M	T	W	T	F	S			

I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature: _____ Date: _____

* Use this form for all site-level and food service staff performing **operating** costs task, that is, tasks directly related to the **food service** (e.g. meal servers, cooks, supervising children at the site).

Prototype Summary of Administrative Expenses

Instructions

Item number:

1. Enter the name of the sponsor.
2. Enter the time period (month and year) covered by the form.
3. Enter:
 - a. the position,
 - b. the number of people working in that position,
 - c. the hourly salary rate they receive,
 - d. the number of hours they spend working with SFSP administration,
 - e. the total dollar amount spent on salaries for that position (b x c x d), and
 - f. add the total dollar amount spent on salaries for all positions.
4. Enter the total dollar amount spent on salaries during the month (line 3f).
5. Enter the total dollar amount spent on transportation during the month.
6. Enter the total dollar amount spent on communication during the month.
7. Enter the total dollar amount spent on the rental of office space during the month.
8. Enter the total dollar amount spent on office supplies during the month.
9. Enter the total dollar amount spent on utilities during the month.
10. Enter the total dollar amount spent on use allowance of furniture and fixtures.
11. Enter total dollar amount spent on audit fees.
12. Enter total dollar amount spent on legal fees.
13. Enter total dollar amount spent on office building maintenance.
14. Enter the total dollar amount spent on miscellaneous administrative supplies or services during the month that do not fall under any of the categories mentioned above.
15. Add items 4 through 14 and enter the total administrative expenses for the month.

13. Office building maintenance: _____

14. Other (specify): _____

15. TOTAL: _____

Prototype Food Service Equipment Needs

Equipment	Number of Children			
	1-50	51-100	101-200	201-300
Range with ventilating hood	1 range with oven; 30" domestic or 30" - 36" commercial (2 burners)	1 range with oven 30" - 36" commercial (4 burners)	1 range with oven 30" - 36" commercial (2 if over 150 children) (6 burners)	2 ranges with ovens 30" - 36" commercial or 1 range w/oven 60" or larger commercial (8 burners)
Refrigerator with shelves	single section domestic 18 cu. ft. or commercial reach-in 20-25 cu. ft.	double section commercial reach-in 40-50 cu. ft.	double section commercial reach-in 50-60 cu. ft. or 64 sq. ft. (8 ft. x 8 ft.) walk-in	triple section commercial reach-in 60-75 cu. ft. or 64 sq. ft. (8 ft. x 8 ft.) walk-in
Freezer	same as refrigerator	same as refrigerator	same as refrigerator	same as refrigerator
Worktables (Allow 4 linear feet per worker). Use countertops as tables	1 table	2 tables	3 tables	4 tables
Sink with separate hand sink	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments

If the site will serve over 100 children, the following equipment is recommended to supplement the minimum items listed above:

- Steam equipment (kettle, steamer)
- Hot food holding cabinet
- Convection oven
- Electric food slicer
- Mixer with attachments (vegetable slicer/shredder, meat and food chopper)
- As a reminder, sponsors must ensure that they follow local health, safety and sanitation standards.

Prototype Racial and Ethnic Data Form

Instructions

- The sponsor should complete this form for each site under its jurisdiction each year. Sponsors of residential camps must collect this information for each camp session. For all other sites, the sponsor must count the participating children at least once during the site's operation.
- To provide flexibility and ensure data quality, separate categories must be used when collecting and reporting race and ethnicity. Ethnicity must be collected first. Respondents must be offered the option of selecting one or more racial designations.
- The sponsor must retain racial and ethnic data, as well as documentation for the data for 3 years and must safeguard this information to prevent its use for discriminatory purposes. Access to Program records containing racial and ethnic data should be limited to authorized personnel.

Prototype Racial and Ethnic Data Form

Sponsor: _____

Site: _____

Site Contact Name: _____ Title _____

Site Address: _____

Ethnic Categories	Number of Participating Children
Hispanic or Latino	
Non-Hispanic or Latino	

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term “Spanish Origin can be used in addition to “Hispanic or Latino.”

Racial Categories	Number of Participating Children
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” can be used in addition to “Black or African American.”

- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Signature: _____ Date: _____

The information listed above is based on Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity,

<https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and>, March 29, 2024 and in FNS Instruction 113-1,

Civil Rights Compliance and Enforcement – Nutrition Programs and Activities,

<https://www.fns.usda.gov/cr/fns-instruction-113-1>, November 8, 2005.