



# NEW YORK STATE EDUCATION DEPARTMENT

## 2025 Summer Food Service Program Sponsor Application

**Application documents must be uploaded in Share Point or mailed on or before May 1, 2025**

New York State Education Department  
Child Nutrition Program Administration  
Summer Food Service Program  
89 Washington Avenue, Room 375 EBA  
Albany, NY 12234  
Email: [cnsfsp@nysed.gov](mailto:cnsfsp@nysed.gov)

### 1. Organization:

Name: \_\_\_\_\_ County: \_\_\_\_\_ LEA Code: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 2. Contact Information:

**Authorized Official** (person within the **organization** with the most legal authority i.e.; School Superintendent, Board President or other member documented on Certificate of Incorporation, Executive Director, Chief Government Officer) Cannot be signed by a Food Service Management Company.

\_\_\_\_\_ Year round telephone #:(\_\_\_\_) \_\_\_\_\_  
Type or print name and title

E-mail Address: \_\_\_\_\_

Summer contact number(s) if different from year round number(s): Phone: \_\_\_\_\_

**SFSP Contact Person** (primary contact person): \_\_\_\_\_

Telephone #:(\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Summer contact number(s) if different from year round number(s): Phone: \_\_\_\_\_

#### Other Designated Representatives:

\_\_\_\_\_

*Type or print name and title*

\_\_\_\_\_

*Type or print name and title*

\_\_\_\_\_

*Type or print name and title*

\_\_\_\_\_

*Type or print name and title*

### 3. Organization Type (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Public School Food Authority                 | <input type="checkbox"/> Private Nonprofit School Food Authority |
| <input type="checkbox"/> Public Residential Summer Camp               | <input type="checkbox"/> Private Nonprofit Residential Camp      |
| <input type="checkbox"/> Local, Municipal, County or State Government | <input type="checkbox"/> Other Private Nonprofit Organization    |

### 4. Describe all ongoing, year-round services your organization provides to the community being served by the SFSP: (225.14) (Example: education, recreation, faith based, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Does your institution participate in the Child and Adult Food Care Program?**       No       Yes

**6. Has your institution, identifiable through its corporate organization, officers, and employees or otherwise as an institution which participated in any Federal child nutrition program, been found to be seriously deficient in its operation of any such program? [225.11(c)]**  
 No       Yes **If yes , please explain:** \_\_\_\_\_

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**7. Advance Payment:**  
 Sponsors may receive up to 3 operating advances and 2 administrative advances. You must serve meals at least 10 days in the month in which you are requesting the advance. You will be able to request an August advance in CNMS however; the claim for July will need to be submitted prior to SED releasing the additional advance. Please indicate each month the sponsor is requesting an advance for with a ✓ mark.  
 June                       July

**8. Commodities:**  
 All self-prep sponsors or sponsors that have an agreement to obtain meals with a School Food Authority (SFA) or SFA sponsors that have a year-round contract with a FSMC to provide SFSP meals for children are eligible for commodities. Is the sponsor interested in obtaining commodities?  
 Yes       No

**9. Staff Chart**

<b>Operational Staff</b> –Identify SFSP staff who are responsible for the day to day operations of the SFSP							
Title	Number of Staff in Position	Number of Program Adults	How is staff paid?		For staff paid hourly enter wage or wage range*	Fringe Benefits	Total Cost Attributed to the SFSP
Site Supervisor			<input type="checkbox"/>	Hourly			
			<input type="checkbox"/>	Salary			
			<input type="checkbox"/>	Non-SFSP Funds			
			<input type="checkbox"/>	Volunteer			
Cook/Chef			<input type="checkbox"/>	Hourly			
			<input type="checkbox"/>	Salary			
			<input type="checkbox"/>	Non-SFSP Funds			
			<input type="checkbox"/>	Volunteer			
Custodian			<input type="checkbox"/>	Hourly			
			<input type="checkbox"/>	Salary			
			<input type="checkbox"/>	Non-SFSP Funds			
			<input type="checkbox"/>	Volunteer			
Driver			<input type="checkbox"/>	Hourly			
			<input type="checkbox"/>	Salary			
			<input type="checkbox"/>	Non-SFSP Funds			
			<input type="checkbox"/>	Volunteer			
Kitchen Help			<input type="checkbox"/>	Hourly			
			<input type="checkbox"/>	Salary			
			<input type="checkbox"/>	Non-SFSP Funds			
			<input type="checkbox"/>	Volunteer			
Meal Counter			<input type="checkbox"/>	Hourly			
			<input type="checkbox"/>	Salary			
			<input type="checkbox"/>	Non-SFSP Funds			
			<input type="checkbox"/>	Volunteer			
Server			<input type="checkbox"/>	Hourly			
			<input type="checkbox"/>	Salary			
			<input type="checkbox"/>	Non-SFSP Funds			
			<input type="checkbox"/>	Volunteer			
*Must be at least minimum wage							
<b>Total Operational Labor Costs</b>							

**Administrative Staff** - Identify SFSP staff who perform activities such as completing the SFSP application, completing and submitting claims for reimbursement, monitoring sites and conducting training

Title	Number of Staff in Position	Number of Program Adults	How is staff paid?	For staff paid hourly enter wage or wage range*	Fringe Benefits	Total Cost Attributed to the SFSP
Administrator			<input type="checkbox"/> Hourly			
			<input type="checkbox"/> Salary			
			<input type="checkbox"/> Non-SFSP Funds			
			<input type="checkbox"/> Volunteer			
SFSP Director			<input type="checkbox"/> Hourly			
			<input type="checkbox"/> Salary			
			<input type="checkbox"/> Non-SFSP Funds			
			<input type="checkbox"/> Volunteer			
Monitor			<input type="checkbox"/> Hourly			
			<input type="checkbox"/> Salary			
			<input type="checkbox"/> Non-SFSP Funds			
			<input type="checkbox"/> Volunteer			
Clerical			<input type="checkbox"/> Hourly			
			<input type="checkbox"/> Salary			
			<input type="checkbox"/> Non-SFSP Funds			
			<input type="checkbox"/> Volunteer			
Consultant			<input type="checkbox"/> Hourly			
			<input type="checkbox"/> Salary			
			<input type="checkbox"/> Non-SFSP Funds			
			<input type="checkbox"/> Volunteer			
* Must be at least minimum wage						
<b>Total Administrative Labor Costs</b>						

**10. Projected Sponsor Budget:** Include all expenses that will be paid with federal SFSP reimbursement. All budgeted costs must be necessary, reasonable and allowable to the SFSP. Sponsors must maintain adequate documentation to support all costs.

Administrative Costs (no more than 15% of total budget)	Proposed Administrative Budget	Operational Costs (Sites)	Proposed Operational Budget
<b>Total Administrative Labor Costs:</b> (From page 3)	\$	<b>Total Operational Labor Costs:</b> (From page 2)	\$
Rent for Office Space:	\$	Food:	\$
Office Supplies:	\$	Non-Food Supplies:	\$
Administrative Mileage:	\$	Transportation of Food:	\$
Audit Fees:	\$	Utilities:	\$
Telephone:	\$	Equipment Rental:	\$
Postage:	\$	Depreciation of Non-Expendable Equipment:	\$
Printing/Copying:	\$	Kitchen Rental:	\$
Food Service Management Company Bid Advertisement:	\$	Truck Rental:	\$
Insurance:	\$	Refuse Removal:	\$
Indirect Costs:	\$	Transportation of Children (Rural Only):	\$
<b>Total Administrative Costs:</b>	\$	Equipment Repairs (normal maintenance only):	\$
		<b>Total Operational Costs:</b>	\$

## **Civil Rights Compliance Requirement 113-1**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or  
 fax:  
 (833) 256-1665 or (202) 690-7442; or  
 email:  
 Program.Intake@usda.gov  
 This institution is an equal opportunity provider.

**A. Indicate the composition of the area serviced by your agency/institution:**

<b>Ethnic Categories</b>		<b>Racial Categories</b>	
Hispanic or Latino		American Indian or Alaska Native	
Non-Hispanic or Non-Latino		Asian	
<b>Total</b> (must equal 100 percent).		Black or African American	
		Native Hawaiian or Other Pacific Islander	
		White	
		<b>Total</b> (must equal 100 percent).	

**B. What efforts will be used by your agency/institution to assure that minority populations have equal opportunity to participate (check all that apply)?**

- Enrollment / Registration Forms
- Open enrollment
- Referrals
- Sponsor does not recruit

**C. What efforts will be used by your agency/institution to contact grassroots organizations informing the community to participate?**

- Distribution of brochures or Program information at public locations.
- Public service announcements in local newspaper, on radio or television. (Circle media type used; otherwise we will assume all three types are used.)
- Paid or free advertisements in local newspapers.
- Personal contact with community groups and/or parents.

**D. Indicate other Federal agencies in which your organization receives assistance from.**

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**Has your agency/institution been found in noncompliance with any civil rights requirements with any of these Federal agencies?**

Not applicable  No  Yes If Yes,

a. What agency or court found you in noncompliance: \_\_\_\_\_

b. What was the reason(s) for the noncompliance finding(s)? \_\_\_\_\_

c. Is your agency now in compliance?  No  Yes

**E. What is the non-discrimination statement that will be used for appropriate Program materials? (Provide a sample with your application).**

F. Describe the organization's system to determine if it needs to provide services to Limited English Proficient (LEP) households. In your response, include how the organization determines the following factors, and how each factor is considered in the organization's decision to provide language services:

- a. The number or proportion of LEP persons from particular language group(s) served or encountered in the eligible service population: \_\_\_\_\_
- b. The anticipated frequency with which the organization, in its operation of the SFSP, should have contact with an LEP individual from different language groups seeking assistance: \_\_\_\_\_
- c. The nature and importance of the SFSP in terms of whether denial or delay of access to services or information could have serious or even life-threatening implications for the LEP individual(s): \_\_\_\_\_
- d. Resources available and costs to the organization for providing language services and when language services would be limited based on the organization's resources or costs. \_\_\_\_\_

G. What services does the organization currently provide to Limited English Proficient (LEP) households? If your organization is not currently providing these services, explain why.

H. Is the organization planning to provide language services for the SFSP? If yes, what services?

I. What are the organization's procedures for receiving and processing complaints alleging Civil Rights discrimination within the SFSP? If procedures are written, please provide a copy.

J. Has the organization received any written or verbal complaints alleging discrimination in any Child Nutrition programs it has administered in the last two years?  No  Yes  
If yes, were the complaints forwarded and if so, to who? \_\_\_\_\_

K. What procedures are in place by the organization for accommodating students with special dietary needs?

L. Date of civil rights training for staff who interact with program applicants or participants and their supervisors: \_\_\_\_\_  
Will you/did you use the training presentation provided by SED (cn.nysed.gov)?  No  Yes  
If no, list topics that will be or were covered in the training:

a. Do you provide training to staff in a language other than English? If not, why? \_\_\_\_\_

_____ <b>Authorized Official Signature</b>	_____ <b>Date</b>
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*A single permanent agreement will be provided for you to sign and return to the Summer Food Service Program office upon SED review of your complete approvable application.*