STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
BUREAU OF NUTRITION PRG & SVCS
101 Pleasant Street
Concord, N.H. 03301
FAX 603-271-1953

INSTRUCTIONS: Complete a site application for each feeding site and session which will be administered by the Applicant. Attach one copy to "Sponsor Application for Participation", and retain one copy for your file. If more space is needed, continue on a plain sheet of paper numbering each item, and attach to Site Information Sheet. A Site Information Sheet must be submitted and APPROVED before meals served at the site are eligible for reimbursement.

Submit Application to BNPS by **June11,2009**

Site Application - Summer Food Service Program – CFDA #10.559

Complete one for EACH Site

SPONSOR NAME _____ ***SAU/RA#*** _____

1. If an outdoor site, where will meals be served when weather prevents the outdoor service of meals? Give address and describe location. _____

2. Describe the meal service area:

   a. How many children can eat at this site at one time? _____

   b. Is there shift feeding? ☐ YES ☐ NO (If yes, number of shifts: _____)

   c. How will the meal service be supervised? (Describe number of staff, and type of responsibilities)

   _____

   _____

3. Personnel Working at Site

TITLE OF POSITION (A)	NUMBER OF PERSONNEL IN THAT POSITION (B)	NO. OF HOURS PER DAY EACH EMPLOYEE INDICATED IN COL. (B) WILL SPEND ON FOOD SERVICE (C)	WAGES PER HOUR (Indicate Volunteers or Unpaid Workers with "V") (D)	TOTAL WAGES FOR PRO-GRAM (E)	SOURCE OF FUNDS (USDA Reimburse-ment or other) (F)	SPECIFIC FOOD SERVICE DUTIES (G)	DATES OF EMPLOY-MENT IN THIS PROGRAM (H)

4. Is there a regularly scheduled organized activity? ☐ YES ☐ NO
   (If "YES" list types of activities provided or attach a schedule of daily activities.)

5. Did this site participate in any prior year's summer food service program? ☐ YES ☐ NO
   (If "YES" list name of sponsor and year of participation)

6. Has this site been visited by sponsor prior to beginning of program operation this year? ☐ YES ☐ NO
   (If "YES" list name of sponsor representative and date of visit. Attach copy of a completed pre-operational site form for this site.) ***Prior to approval, sponsors MUST conduct a pre-operational visit to all new sites and any sites that had operational problems in the previous year.***

7. Describe the arrangements that have been made, within standards prescribed by the state or local health department, for:

   A. The delivery of meals. (if applicable)

   B. The holding of meals until the time of meal service.

   C. The storage and refrigeration of any excess meals until the next day or the return of any excess meals to the vendor. (if applicable)

8. Items A, B, and C are to be answered *only* if meals are delivered to this site.

   A. Describe the system the site supervisor will use to communicate with the sponsor to adjust the number of meals delivered in accordance with the number of children attending daily at the site.

   B. What are the timeframes for submitting adjustments to the meal orders?

   C. Is delivery scheduled to occur no earlier than one hour prior to the beginning of the meal service, and no later than the scheduled time of the meal service? ☐ YES ☐ NO

9. Provide an estimate of the racial/ethnic makeup of the population to be served from sources as census tract data, public school data, housing authority data, etc.

I CERTIFY THAT THIS SITE HAS BEEN VISITED AND THAT THE INFORMATION ON THIS FORM AND SUBSEQUENT ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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. I FURTHER UNDERSTAND THAT THIS AGREEMENT IS CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS. IN ACCORDANCE WITH FEDERAL LAW AND US DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY. (NOT ALL PROHIBITED BASES APPLY TO ALL PROGRAMS.) TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, D.C. 20250-9410 OR CALL (202) 720-5964 (VOICE AND TDD). USDA IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.

NAME AND TITLE OF SPONSOR REPRESENTATIVE (Print)	SIGNATURE OF SPONSOR REPRESENTATIVE	DATE
(IF AVAILABLE) NAME AND TITLE OF SITE REPRESENTATIVE (Print)	SIGNATURE OF SITE REPRESENTATIVE	DATE

Form FNS-81-1 (3-09) previous forms obsolete.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OBM control number. The valid OBM control number for this collection of information is 0584-0280. The time required to complete this information collection is estimated to average 2.33 hours per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection.

FOR STATE USE ONLY	
Initials of State Official Approval	
Date of Approval	