

U.S. DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE REPORT OF THE SUMMER FOOD SERVICE PROGRAM FOR CHILDREN	1. STATE	4A. TYPE OF SUBMISSION ("X" ONE) A. <input type="checkbox"/> 30 - Day B. <input type="checkbox"/> 60 - Day <i>(Optional)</i> C. <input type="checkbox"/> 90 - Day D. <input type="checkbox"/> 90 - Day Revision No. (1 = 1st rev; 2 = 2nd, etc.) E. <input type="checkbox"/> Closeout F. <input type="checkbox"/> Other _____	FOR FNS USE ONLY STATE CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">CAL. YEAR</td> <td style="width: 20%;">MONTH</td> <td style="width: 40%;">TYP</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>										CAL. YEAR	MONTH	TYP			
	CAL. YEAR	MONTH	TYP															
2. CALENDAR YEAR	FNS REGIONAL OFFICE USE <input type="checkbox"/> REVIEWED																	
3. MONTH																		
<i>State Agency: Submit report according to the instructions 30 and 90 days following the month being reported. Send original to the Regional Administrator, Food and Nutrition Service.</i>		4B. LAST REPORTING MONTH OF FISCAL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE															
			SIGNATURE OF FNS OFFICIAL															

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0584-0594. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

PART A - MEALS SERVED					
MEAL TYPE		TOTAL MEALS – ALL SPONSORS Report every month			
		CONGREGATE		NON-CONGREGATE	
		SELF-PREP/RURAL SITES (A)	OTHER SITES (B)	RURAL NON-CONGREGATE SITES (C)	
BREAKFASTS	ACTUAL	5.			
	ESTIMATED	6.			
	TOTAL	7.			
LUNCHES	ACTUAL	8.			
	ESTIMATED	9.			
	TOTAL	10.			
SUPPERS	ACTUAL	11.			
	ESTIMATED	12.			
	TOTAL	13.			
SUPPLEMENTS	ACTUAL	14.			
	ESTIMATED	15.			
	TOTAL	16.			
TOTAL	ACTUAL	17.			
	ESTIMATED	18.			
	TOTAL	19.			

I CERTIFY that this report is true and correct to the best of my knowledge and belief.

20. SIGNATURE	21. TITLE	22. DATE SIGNED
	23. ADMINISTERING AGENCY	

NO FURTHER MONIES OR OTHER BENEFITS MAY BE PAID OUT UNDER THESE PROGRAMS UNLESS THIS REPORT IS COMPLETE AND FILED AS REQUESTED BY EXISTING REGULATIONS (7 C.F.R. 225)

PART B - COMMODITIES

(Complete for 90-Day report for last reporting month of the fiscal year.)

24. CUMULATIVE MEALS (All Types) ACTUALLY SERVED BY SPONSORS ELIGIBLE TO RECEIVE USDA DONATED COMMODITIES.

(If no sponsors are eligible to receive commodities, enter "X".)

PART C – MONTHLY PARTICIPATION - 90-DAY REPORT ONLY

		SCHOOL SPONSORS (A)	GOVERNMENT SPONSORS (B)	RESIDENTIAL CAMPS (C)	NATIONAL YOUTH SPORTS PROGRAM (D)	NON-PROFIT PRIVATE SPONSORS (E)	TOTAL (F)
NO. OF SPONSORS	25.						
NO. OF SITES	26.						
NO. OF RURAL NON- CONGREGATE SITES	26a.						
NO. OF OPERATING DAYS	CONGREGATE (I)						
	NON- CONGREGATE (II)						
ADA OF SPONSORS REPORTED LINE 25	CONGREGATE (I)						
	NON- CONGREGATE (II)						
28.							

PART D – MEALS SERVED – JULY 90-DAY REPORT ONLY

(Complete according to instructions for July 90-Day Report Only)

Meal Type (Actual Meals Served)		SCHOOL SPONSORS (A)	GOVERNMENT SPONSORS (B)	RESIDENTIAL CAMPS (C)	NATIONAL YOUTH SPORTS PROGRAM (D)	NON-PROFIT PRIVATE SPONSORS (E)	TOTAL (F)
BREAKFASTS	29.						
LUNCHES	30.						

SUPPERS	31.						
SUPPLEMENTS	32.						
TOTAL	33.						

34. REMARKS

INSTRUCTIONS

(All items self-explanatory unless noted below)

DEFINITIONS

1. "Actual" – Meals for which claims have been approved for reimbursement for the month.
2. "Estimated" – Projection of the number of meals that were served and are expected to be approved for reimbursement for which claims have not been received or approved by the reporting due date.
3. "Total" – The sum of ACTUAL and ESTIMATED data.
4. "Rural Non-Congregate Sites" – Rural sites which provide non-congregate meal service.
5. "Hybrid Sites" – Rural sites that are approved by the state to provide both congregate and non-congregate meal services.
6. "Operating Day" – The number of days that meals are distributed at a site. For non-congregate meal service, days that meals are distributed via meal pickup or meal delivery are considered operating days.

TYPE OF SUBMISSION

- 4A. "30-Day Report" - Due in FNS Regional Offices on the last day of the month following the month being reported. This report may contain ACTUAL and ESTIMATED data.
- 4B. "60-Day Report" - A 60-Day Report is not required.
- 4C. "90-Day Report" - The 90-Day Report must be submitted to the FNS Regional Office within ninety days following the month being reported. This is a "final" report and must consist of ACTUAL data only.
- 4D. "Revised 90-Day Report" - Submit revisions to the latest 90-Day Report in accordance with FNS instructions.
- 4E. "Closeout Report" - Submit the Annual Financial Reconciliation (**Closeout**) of Program Grants Report in accordance with FNS instructions.
- 4F. "Other Reports" - Submit other reports in accordance with FNS instructions. Use the "Remarks" section if necessary to describe the purpose of the report.

PART A - (Lines 5-19)

Note: For each reporting month, complete Columns A, B, and C.

COLUMNS A & B – CONGREGATE MEAL SERVICE DATA

COLUMN A

Enter the ACTUAL, ESTIMATED, AND TOTAL number of BREAKFASTS, LUNCHES, SUPPERS, and SUPPLEMENTS served in self-prep and/or rural sites operating under all sponsor types. **ONLY ENTER MEALS SERVED IN CONGREGATE SETTINGS.**

COLUMN B

Enter the ACTUAL, ESTIMATED, and TOTAL number of BREAKFASTS, LUNCHES, SUPPERS, and SUPPLEMENTS served in all other sites operating under all sponsor types.

COLUMN C – NON-CONGREGATE MEAL SERVICE DATA

COLUMN C

Enter the ACTUAL, ESTIMATED, AND TOTAL number of BREAKFASTS, LUNCHES, SUPPERS, and SUPPLEMENTS served in rural non-

congregate sites operating under all sponsor types. **Record all meal counts in the month that they are distributed.** If, for example, a site issues 5 days' worth of meals to children on the last day of July, the sponsor will record all of those meals in its July total; the sponsor will not record any of those meals in its August total. **ONLY ENTER MEALS SERVED IN NON-CONGREGATE SETTINGS.**

PART B - (Line 24)

Complete for 90-Day Report for the Last Operating Month of the Fiscal Year

Sponsors eligible to receive commodities in the Summer Food Service Program are self-preparation sponsors and those sponsors which contract with a school or with a school district for the preparation of meals, and school food authority sponsors procuring meals from a food service management company as provided by Program regulations.

Report the total number of ACTUAL meals served by all sponsors **eligible** to receive USDA donated commodities whether or not those sponsors actually received commodities. This is a cumulative number of meals (all types) for the entire Summer Food Service Program. For summer camps, this would include both the reimbursable meals served to low-income children and at the State's option, actual counts of non-reimbursable meals served to non-eligible children. Submit this information on the 90-Day Report for the last operating month.

(EXAMPLE: If all meal service concluded in the month of August, then line 24 would be completed on the August 90-Day Report.)

PART C - (Lines 25-27)

Complete for 90-Day Reports ONLY

COLUMNS A-E

Line 25 - Enter the number of sponsors by type that operated during the month.

Line 26 - Enter the number of sites that operated under each sponsor type during the month. This figure should include sites operating congregate and non-congregate meal service.

Line 26a - Enter the number of rural non-congregate sites operated by each sponsor type. The figure reported in 26a should not be greater than the figure reported in Line 26.

Calculating Line 26 and Line 26a Example:

Site A – Rural Non-Congregate Meal Service Only
Site B – Congregate Meal Service Only
Site C (hybrid) – Both Rural Non-Congregate and Rural Congregate Meal Service

Total Sites (line 26): **3**
Total Rural Non-Congregate Sites (line 26a): **2**

Line 27 - Enter the number of operating days for each site by type. Enter the number of congregate operating days in 27(I) and the number of non-congregate operating days in 27(II).

Line 28 - "ADA" (Average Daily Attendance) – ADA uses SFSP meal counts as a proxy for determining the attendance at a summer meal site on an average day during the claim period. Sponsors calculate ADA for congregate and non-congregate sites separately:

Congregate (I)

ADA for congregate sites is calculated by taking the total number of meals served in each **site's primary meal service** during the claim period and dividing that number by the number of **operating or meal service days** for the

site during that claim period. A site's primary meal service is the one at which the most meals are claimed. For most sites, this is typically lunch; however, if a site serves more meals at breakfast than at lunch, then breakfast would be considered the primary meal service. Once the ADA is calculated for each site, the **sponsor will then add the ADAs for all sites that the sponsor manages**. This will result in the ADA for the sponsor. See the following chart for an example of how to calculate ADA for congregated sites:

Hybrid Sites

For hybrid sites, sponsors will calculate separate ADAs for the sites' congregated and non-congregated meal services.

PART D - (Lines 29-33)

Complete for July 90-Day Report ONLY

COLUMNS A-E

Enter the ACTUAL number of BREAKFASTS, LUNCHES, SUPPERS, AND SUPPLEMENTS served by each of the indicated sponsor types.

COLUMN F

Enter the total number of BREAKFASTS, LUNCHES, SUPPERS, and SUPPLEMENTS served by all sponsors.

Sponsor A - ADA for Congregate Sites					
	Number of Operating Days During Claim Period	Total Number of Meals Distributed in the Month			ADA
		Breakfast	Snack	Lunch	
Congregate Site 1	5	100	50	200 *	40.0 = (200/5)
Congregate Site 2	15	300 *	0	0	20.0 = (300/15)
Congregate Site 3	20	50	450 *	100	22.5 = (450/20)
Sponsor A: Total ADA for Congregate sites					82.5 = (40+20+22.5)

* Indicates primary meal service for site.

In this example, each site has a different primary meal service. Each site's primary meal service must be used in the Total ADA calculation for the sponsor. In this example, Total ADA for the congregated sites of Sponsor A is 82.5; this number should be added to the Total ADA for all other sponsors' congregated sites to get the cumulative ADA for the state's congregated meal sites. **Note that we display ADA to one decimal place.**

Non-Congregate (II)

ADA for non-congregated sites also starts with the total number of meals served in each site's primary meal service during the claim period. Because non-congregated sites commonly provide children with suppers, and because sites cannot distribute both a lunch and a supper to a child for the same day, sites should use their combined lunch and supper count as a single meal service for purposes of determining its primary meal service.

The total number of meals served in each site's primary meal service is first divided by the number of operating or meal service days for the site during that claim period. The result of that calculation is the average number of meals distributed by the site on each operating day.

To complete the calculation of ADA for non-congregated sites, the sponsor must divide the average number of meals distributed per operating day by the number of days' worth of meals distributed to each child in one pickup or delivery service. (For both pickup and delivery models, sites may, with state and sponsor approval, distribute up to 10 days' worth of meals at a time.)

Once the non-congregated ADA is calculated for each site, the sponsor will sum the non-congregated ADA for all sites that the sponsor manages. This will result in the non-congregated ADA for the sponsor. See the following chart for an example of how to calculate ADA for non-congregated sites:

Sponsor A - ADA for Non-Congregate (N-C) Sites						
	Number of Operating Days During Claim Period	Days of Meals Distributed to Each Child per Pick-up or Delivery (1 to 10 days)	Total Number of Meals Distributed in the Month			ADA
			Breakfast	Snack	Lunch + Supper	
N-C Site 1	5	5.0	100	50	200 *	8.0 = (200/5)/(5)
N-C Site 2	15	7.0	300 *	0	100	2.9 = (300/15)/(7)
N-C Site 3	8	3.5 **	50	200 *	125	7.1 = (200/8)/(3.5)
Sponsor A: Total ADA for N-C sites						18.0 = (8.0+2.9+7.1)

* Indicates primary meal service for site.

** Site 3 distributes 3 days of meals each Monday and 4 days of meals each Thursday. On average, the site serves 3.5 days of meals on each pick-up or delivery day.

In this example, each site has a different primary meal service. Each site's primary meal service must be used in the Total non-congregated ADA calculation for the sponsor. Total non-congregated ADA for Sponsor A is 18.0; this number should be added to the Total non-congregated ADA for all other sponsors to get the cumulative ADA for the state's non-congregated sites. **Note that we display ADA to one decimal place.**