Print

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. ☐ 30 - Day B. ☐ 60 - Day *(Optional)* C. ☐ 90 - Day D. ☐ 90 - Day Revision No. _____ (1 = 1st rev; 2 = 2nd, etc.) E. ☐ Closeout F. ☐ Other _____	**FOR FNS USE ONLY** STATE CODE CAL. YEAR | MONTH | TYPE FNS REGIONAL OFFICE USE ☐ **REVIEWED**
	2. CALENDAR YEAR		
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.	3. MONTH	4B. LAST REPORTING MONTH OF FISCAL YEAR? ☐ YES ☐ 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	
			SELF-PREP/RURAL SITES (A)	OTHER SITES (B)
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 - MEALS SERVED

(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 25.						
LUNCHES 26.						
SUPPERS 27.						
SUPPLEMENTS 28.						
TOTAL 29.						

PART D - PARTICIPATION - JULY 90-DAY REPORT ONLY

NO. OF SPONSORS 30.						
NO. OF SITES 31.						
NO. OF RURAL SITES (Include in 31 above) 32.						
ADA OF SPONSORS REPORTED LINE 30 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 seem received or approved by the reporting due date.

3. "Total" - The sum of ACTUAL and ESTIMATED data.

4. "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. ADA 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 meal 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 this calculation:

Sponsor A					
	Number of Operating Days During Claim Period	Breakfast	Lunch	Snack	ADA
Site 1	10	100	**200***	50	20 (=200/10)
Site 2	15	**300***	0	0	20 (=300/15)
Site 3	25	50	100	**150***	6 (=150/25)
Sponsor A Total ADA					46 (=20+20+6)

* 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 Sponsor A is 46; this number should be added to the Total ADA for all other sponsors to get the cumulative ADA of Sponsors that is entered on this form.

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 and B.

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.

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.

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 needy children and at the State's option, actual counts of non-reimbursable meals served to non-needy 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 25-29)

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.

PART D - (Lines 30-33)

Complete for July 90-Day Report ONLY

Line 30 - Enter the number of sponsors by type that operated during the month of July.

Line 31 - Enter the number of sites that operated under each sponsor type during the month of July.

Line 32 - Enter the number of sites from Line 31 which are rural sites. Include these sites on Line 31 above.

Line 33 - Enter the Average Daily Attendance (ADA) for each type of sponsor entered on Line 30 for the month of July. This is the sum of the average daily attendance figures reported by each type of sponsor.