



Dr. Kriner Cash, Superintendent

Buffalo Board of Education
FOOD SERVICE DEPARTMENT
Bridget O'Brien Wood, Director
1055 East Delavan Avenue
Buffalo, New York 14215
(716) 816-3137 ❖ Fax (716) 897-8041

DATE: February 19, 2019
TO: Potential Summer Food Service Sites
FROM: Natalie Pieri, Director of Summer Lunch
SUBJECT: **Summer Site Selection**

The Buffalo Board of Education will again this year sponsor the Summer Food Service Program for the children. The program is made possible through funding from the New York State Education Department.

The Summer Food Service Program was established to ensure that children will continue to receive nutritious meals during the summer months when school is not in regular session. Free meals are available to children up to 18 years of age.

Enclosed you will find a **Site Application Form**. If you are interested in participation in this year's program, please complete the form and return it to the address listed above (or fax) by **May 3, 2019**. **Please make sure the application is completely filled out including program dates, meal times contact name and phone number.**

The dates of the program are: **July 8, 2019 to August 16, 2019**.

Please note: the mandatory training date will be held in May 6, 2019 3pm at West Hertel Academy, 489 Hertel Ave. Buffalo New York 14207.

Failure to attend training will result in your program not operating.

Thank you for your interest in this program and in the children of our community.

If you have any questions, please contact me at 816-3688.

Sincerely,

Natalie Pieri
Summer Lunch Director

BUFFALO BOARD of EDUCATION

SUMMER FOOD SERVICE PROGRAM SITE APPLICATION

Fax 716-897-8041 or Mail Application to 1055 E Delavan Ave Buffalo, NY 14215

Applications will not be accepted after May 3, 2019

Site Name:

Address of Food Service Site:	Name of person filling out this report Print:
	Signature:
Mailing address:	Did this site participate last year? Yes No
Telephone number:	Days of the week site will be serving
Dates of operation: Start date:	meals (<i>circle those that apply</i>):
End date:	Mon Tues Wed Thur Fri

DAILY MEAL SERVICE

Indicate meal(s) and service time *maximum 2 meals ONLY*

Types of meals to be served	Time meal service begins	Time meal service ends
Breakfast		
Lunch		
Snack		

Seating capacity at site: How many children can eat at this site at one time? _____	Maximum number of children to be fed at this site throughout the summer on a daily basis _____
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Describe the organized and supervised system for serving meals to attending children:

Hours of the program: from _____ am to _____ pm

Is there a regularly scheduled organized activity at this site? Yes _____ No _____

Describe-

Number of serving areas _____ Where _____

Describe arrangements for the delivery and holding of meals:

1. How and where meals are stored
2. Is there refrigeration on site?
To hold meals prior to service
To hold excess meals
3. Describe procedure to adjust the number of meals daily

Will there be adequate personnel at site to supervise meal service? Describe _____

OFFICIAL USE ONLY: SITE #: _____ ADP _____ Operating Days _____