

<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>FOOD AND NUTRITION SERVICE</b>  <b>REPORT OF THE</b> <b>SUMMER FOOD SERVICE</b> <b>PROGRAM FOR CHILDREN</b>  <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>	1. STATE	4A. TYPE OF SUBMISSION ("X" ONE) A. <input type="checkbox"/> 30 - Day B. <input type="checkbox"/> 60 - Day (Optional) 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 _____	<b>FOR FNS USE ONLY</b>  STATE CODE <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <table border="1"> <tr> <td>CAL. YEAR</td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>MONTH</td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>TYPE</td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> FNS REGIONAL OFFICE USE <input type="checkbox"/> <b>REVIEWED</b>							CAL. YEAR						MONTH						TYPE					
	CAL. YEAR																										
MONTH																											
TYPE																											
2. CALENDAR YEAR	4B. LAST REPORTING MONTH OF FISCAL YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE																									
3. MONTH		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 2.25 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)
<b>BREAKFASTS</b>	ACTUAL 5.			
	ESTIMATED 6.			
	TOTAL 7.			
<b>LUNCHES</b>	ACTUAL 8.			
	ESTIMATED 9.			
	TOTAL 10.			
<b>SUPPERS</b>	ACTUAL 11.			
	ESTIMATED 12.			
	TOTAL 13.			
<b>SUPPLEMENTS</b>	ACTUAL 14.			
	ESTIMATED 15.			
	TOTAL 16.			
<b>TOTAL</b>	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)
SPONSORS 25.						
SITES 26.						
RURAL NON-CONGREGATE SITES 26a.						

OPERATING DAYS 27.	CONGREGATE (I)						
	NON- CONGREGATE (II)						

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

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

Meal Type <i>(Actual Meals Served)</i>	SCHOOL SPONSORS (A)	GOVERNMENT SPONSORS (B)	RESIDENTIAL CAMPS (C)	NATIONAL YOUTH SPORTS PROGRAM (D)	NON-PROFIT PRIVATE SPONSORS (E)	TOTAL (F)
BREAKFASTS 28.						
LUNCHES 29.						
SUPPERS 30.						
SUPPLEMENTS 31.						

TOTAL	32.						
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33. REMARKS

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## INSTRUCTIONS

(All items self-explanatory unless noted below)

### DEFINITIONS

"Actual" – Meals for which claims have been approved for reimbursement for the month.

"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.

"Total" – The sum of ACTUAL and ESTIMATED data.

"Rural Non-Congregate Sites" – Rural sites which provide non-congregate meal service.

"Operating Day" – The number of days that meals are distributed at a site. For non-congregate meal service, include the days that multiple days of meals are distributed for via meal pickup or meal delivery.

### 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. *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 those sponsors 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 25-27)

#### **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 – Both Rural Non-Congregate and Rural Congregate Meal Service

Total Sites: **3**

Total Rural Non-Congregate Sites: **2**

Line 27 - Enter the number of operating days for each site by type. Enter the number of congregate operating days in 26(I) and the number of non-congregate operating days in 26(II).

### PART D - (Lines 28-32)

#### **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.