

Schedule A: Summer Food Service Program (SFSP) Site Information List

Instructions: This document is part of the Connecticut State Department of Education's (CSDE) [Summer Food Service Program \(SFSP\) Invitation for Bid and Contract \(IFB\) for Food Service Management Companies](#). Complete this information for each SFSP site. Attach additional pages as needed.

Note: Since Schedule A must be completed in advance of the SFSP application deadline, changes may occur by the time the SFSP begins. However, SFSP sponsors should be as accurate as possible since food service management companies (FSMCs) will use this data to determine bid prices. The FSMC awarded the bid will accept changes after the bid opening.

- **Sponsor:** Enter sponsor's legal name.
- **Address:** Enter the sponsor's address (street, city or town, and zip code).
- **Contact person:** Enter the name of the sponsor's contact person.
- **Contact person and phone number:** Enter the phone number (including area code) of the sponsor's contact person.

For each site, complete the information below.

- **Site name:** Enter the name of the site.
- **Site address:** Enter the address of the site. Use the correct street address where meals will be delivered.
- **Site contact person and phone:** Enter the name and phone number of the site's contact person.
- **Refrigeration for all meals:** Check (X) the appropriate box ("yes" or "no") to indicate if the site has adequate refrigeration to store all ordered meals and could receive early deliveries.
- **Begin date:** Enter the date that the site will begin meal service.
- **End date:** Enter the date that the site will end meal service.
- **Total operating days:** Enter the total number of days meals will be served at the site.
- **Chart column 1 – Meal type:** This column lists each type of SFSP meal and snack.

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- **Chart column 2 – Average meals per day:** For each type of meal listed in column 45 enter the average number of each type of meal estimated to be served each day at the site. For example, if a site plans to serve 11,000 lunches for 44 days during the summer, then the average is 250 (11,000 divided by 44). Do not insert the maximum number that will be served on a particular day during the summer.
- **Chart column 3 – Total meals:** Enter the result of column 4 multiplied by column 6.
- **Chart column 4 – Delivery time:** Enter the delivery time for each meal type. When estimating the average meals served per day (column 2), use the average from the prior summer if the site was in operation at that time.

For more information, visit the CSDE's [SFSP](#) and [Food Service Management Company](#) webpages or contact the [Summer Meals staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This document is available at https://portal.ct.gov/-/media/sde/nutrition/fsmc/sfsp_site_information_list.pdf.



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Sponsor name: _____

Address: _____

Contact person: _____

Contact person's phone number: _____

Site 1

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 2

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 3

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 4

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 5

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 6

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 7

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 8

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 9

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 10

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 11

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 12

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 13

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 14

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 15

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 16

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 17

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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Site 18

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

Site 19

Name: _____

Address: _____

Site contact and phone: _____

Refrigeration for all meals? Yes No

Begin date: _____ End date: _____ Total operating days: _____

Meal type	Average meals per day	Total meals	Delivery time
Breakfast			
AM snack			
Lunch			
PM snack			
Supper			

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1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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