Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agreement Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ intends to participate in the FY 2023 SFSP Demonstration Project for

 (***Organization Name***)

non-congregate feeding sites to continue meal service during times when the National Weather Service (NWS) has issued a Heat Advisory, an Excessive Heat Warning, or an Excessive Heat Watch. The feeding site(s) indicated on the attached form are approved as outdoor sites to receive SFSP meals and will be included in the Demonstration Project. Note: Sponsors must upload an original copy of the NWS notice in the attachment list located in GA Atlas within 10 days of the non-congregate meal service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifies to the following:

 (***Organization Name***)

[ ]  The feeding site(s) are outdoor site(s) without available temperature-controlled alternative site location(s).

[ ]  Only one meal will be served to children in attendance at the time of meal service.

[ ]  Meals will not be provided to adults or other children to take to children not present at the feeding location, to include siblings.

[ ]  Meals will be served in safe, sanitary conditions, and will include all required components of a reimbursable meal.

[ ]  Supervised, congregate meal service requirements will remain in effect for all other outdoor feeding sites that have alternative site locations, and are not impacted by the Heat Advisory, Excessive Heat Warning, or Excessive Heat Watch issued by the National Weather Service.

[ ]  Understands that point of service meals counts, claim procedures, monitoring and recordkeeping requirements will be met at all times during the Demonstration Project.

[ ]  Only valid claims for reimbursement will be submitted, and SFSP reimbursement will be used only on allowable SFSP costs.

I certify that I am the Delegated Principal of this organization, and I am legally responsible for the administration and operation of the SFSP, and that I have verified that all outdoor feeding sites listed on the attached form meet the appropriate requirements to participate in the Demonstration Project.

I also certify that the information contained in this document is true and correct and that listing false or incorrect information and failure to notify Bright from the Start when the information contained in this document changes may result in the denial of reimbursement, termination and disqualification of the organization, its responsible principals and/or individuals from participation the SFSP or any other Child Nutrition Programs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of delegated Principal/Sponsor Contact Date of Submission**

**Potential Outdoor Feeding Sites to Participate in the Non-Congregate Feeding Site Demonstration Project**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site Name** | **Address** | **Meal Type** | **Meal Time** | **Maximum # of Meals to be served** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |