



NOTIFICATION OF INTENT TO PARTICIPATE IN THE DEMONSTRATION PROJECT
NON-CONGREGATE FEEDING
FOR OUTDOOR SUMMER FEEDING SITES EXPERIENCING EXCESSIVE HEAT

MEMO CODE: SP 24-2013, SFSP 10-2013, SEE ATTACHMENT

By signing this intent to participate form, the sponsor fully understands that the following requirements must be met to participate in the above mentioned demonstration project and receive reimbursement for meals served during this demonstration project:

- *Upon application to the SFSP for summer 2013, must notify State agency of intent to participate.
- *Must have an agreement with the State agency to participate in the SFSP for summer 2013.
- *Must identify those congregate feeding sites lacking temperature-controlled alternative sites that would be included in the demonstration project.
- *Sponsor must select sites that are viable options for successful SFSP/SSO participation under the congregate feeding requirement on days when the area is not experiencing excessive heat.
- *Outdoor sites with available temperature-controlled alternative sites will not be included in the demonstration project and should serve meals at the temperature-controlled alternative site when the area is experiencing excessive heat.
- *Sponsors should carefully consider all food safety issues and risks
- *Only one meal may be provided to each child present at the meal site. Meals may not be provided to adults or children to take to children not present at the site.
- *All meal counting, claiming and State and sponsor monitoring and oversight requirements continue to apply.
- *Sponsors must submit with their monthly claims for reimbursement the specific dates on which participants were permitted to take meals off site and the number of meals claimed that were taken off site by participants. This information may be placed in the comment box on the claim summary page prior to submitting final claim for that month.

Sponsor Name: _____ Agreement # _____

List of Sites to Participate in Demonstration Project:

Site Name: _____ Address: _____

Sponsor (Print Name): _____

Sponsor Signature: _____ Date: _____

Date received by HNP: _____

Completed form may be mailed to: Health and Nutrition
Attn: Shelia Bailey
P O Box 1437, Slot S-155
Little Rock, AR 72203-1437

faxed to 501-682-2334 Attn: Shelia Bailey

or emailed to Shelia.Bailey2@Arkansas.gov