

Summer Food Service Program

Non-congregate meal election form

Sponsor Name: _____

Agreement Number: _____

Program year: _____

Sites without temperature-control that will be participating in this option:

- I understand that electing to participate in the demonstration project will require additional reporting with the monthly claim for reimbursements. Reporting includes 1) Specific dates on which participants were permitted to take meals off site and 2) number of meals claimed that were taken off site by participants.

Signature of Authorized Representative

Date

Submit completed form to NDE Nutrition Services via fax (402-471-4407) or email (Sue.Gilleland@nebraska.gov).