


**BID2020-36 SUMMER FOOD SERVICE PROGRAM FOR THE CITY OF TRENTON, DEPARTMENT OF RECREATION, NATURAL RESOURCES, AND CULTURE BID
OPENING 5/27/2020 AT 11:00AM**

BID2020-36 SUMMER FOOD SERVICE PROGRAM FOR THE CITY OF TRENTON, DEPARTMENT OF RECREATION, NATURAL RESOURCES AND CULTURE	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	PREFERRED MEAL SYSTEMS, INC.
ADDRESS	5240 ST. CHARLES ROAD
CITY, STATE, ZIP	BERKELEY, IL 60163
CONTACT NAME	HEATHER MCDERMOTT
TELEPHONE	708-318-2500
FAX	708-493-2690
E-MAIL	HEATHER.MCDERMOTT@PREFERREDMEALS.COM
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED
BID GUARANTEE	10% THE AMERICAN INSTITUTE OF ARCHITECTS W.P.O.A/STEPHEN A. VANN
CONSENT OF SURETY	THE AMERICAN INSTITUTE OF ARCHITECTS
PERFORMANCE BOND AND LABOR AND MATERIAL PAYMENT BONS	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	N/A
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED
EIC	CERT.#2895 EXP. 08/15/2021
NON-COLLUSION AFFIDAVIT	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED
DEBAREMENT NOTICE REQUIRED	INCLUDED
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED VENDOR
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED
60-DAY EXTENSION COMPLIANCE	YES
COMPLIANCE WITH EMERGENCY SERVICES	YES
THREE (3) REFERENCES	INCLUDED
TOTAL ESTIMATED AMOUNT OF BID	\$273,576.11(SEE ATTACHED BREAKDOWN OF PRICING)
EXCEPTIONS (IF ANY)	NONE
FATAL FLAW	NONE

NJDA SFSP FOOD SERVICE MANAGEMENT COMPANY CONTRACT

This document contains an invitation to food service management companies to bid for the furnishing of unitized meals to be served to children participating in the Summer Food Service Program (SFSP) authorized by Section 13 of the National School Lunch Act and operated under Part 225 of the United States Department of Agriculture (USDA) regulations. This document sets forth the terms and conditions applicable to the proposed procurement. Upon acceptance it shall constitute the contract between the bidder and the sponsor named below.

SPONSOR		BID OPENING		
NAME CITY OF TRENTON		BID ADVERTISING DATE 5/12/2020	BID NUMBER BID2020-36	
AGREEMENT #21200003		DATE: 05/27/2020		
ADDRESS (Include City, State, Zip Code) 319 E. STATE STREET, TRENTON, NJ 08608		TIME 11:00 AM		
CONTACT NAME: MARIA RICHARDSON		LOCATION: CITY OF TRENTON DIV. OF PURCHASING, CITY HALL, FIRST FLOOR, 319 E. STATE ST, TRENTON, NJ 08608		
TELEPHONE NUMBER: 609-989-3361		TELEPHONE NUMBER: 609-989-3138		
BIDDER				
NAME Preferred Meal Systems, Inc.		SIGNATURE (In Ink) 		
STREET ADDRESS (Include City, State, Zip Code) 5240 St. Charles Road, Berkeley, IL 60163		NAME (Print or Type) Patrice Tillman		
TELEPHONE NUMBER 708-318-2500		TITLE VP - Controller		
		DATE 05/21/2020		
SECTION A - UNIT PRICE SCHEDULE/CONTRACT DATES				
START DATE: July 6, 2020		END DATE: August 21, 2020		
MEAL TYPE	ESTIMATED NUMBER OF SERVINGS (MEALS) PER DAY	ESTIMATED NUMBER OF SERVING DAYS	UNIT PRICE	ESTIMATED TOTAL PER MEAL
BREAKFAST	834	35	\$2.33	\$68,012.70
		35		
			Estimated Total	\$68,012.70
MEAL TYPE	ESTIMATED NUMBER OF SERVINGS (MEALS) PER DAY	ESTIMATED NUMBER OF SERVING DAYS	UNIT PRICE	ESTIMATED TOTAL PER MEAL
LUNCH	1436	35	\$4.09	\$205,563.40
			Estimated Total	\$205,563.40
TOTAL ESTIMATED AMOUNT OF BID (TO BE INSERTED BY THE BIDDER)				\$ 273,576.11
BID BOND PERCENTAGE REQUIRED (Sponsor shall insert appropriate percentage from 5% to 10%).		PERFORMANCE BOND PERCENTAGE REQUIRED (Sponsor shall insert appropriate percentage from 10% to 25%).		
Bid Bond	10 %	Performance Bond	10 %	
ACCEPTANCE				
Sponsor and FSMC agree to abide by all provisions, specifications and stipulations in the attached Contract, its Attachments A, B, C, D, E and F and the Bidding Requirements and Specifications which are expressly made part of this Contract.				
CONTRACT NUMBER		NAME (Print)		
SPONSOR SIGNATURE		TITLE	DATE	

AUG-21-19 11:24 AM

**New Jersey Department of Agriculture
Division of Food & Nutrition
Summer Food Service Program - Schedule A**

Page 1

Agreement No.: 11-0107

Vendor ID: V21600124206

Sponsor: CITY OF TRENTON

319 E STATE ST

TRENTON, NJ 086081809

CCR-Completed: Yes

Phone: (609) 989-3635

DUNS No: 136478000

Contact Person: ADAM CRUZ ACRUZ@TRENTONNJ.ORG

Revision Date

Effective Date

Status

Approval Date

08/21/2019

07/02/2019

08/20/2019

Site	Name/Address
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Add. Days	Incl. Wthr	Bst	Bst ALMS	Time Bst	AM Sppl	AM Sppl ALMS	Time AM Sppl	Lunch	Lunch Time	PM Sppl	PM Sppl ALMS	Time PM Sppl	Dinn	Dinn Time	Del	Active	yr
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0 006 COLUMBUS PARK Ph (609)981-3628

HAMILTON & CHESTNUT AVES. From 07/02/2010

TRENTON NJ 08618 02/16/18 To: 08/16/18

05/21/2016 Ekg Yes 2016

O 067 ROWAN TOWERS Ph (609)392-5613

620 W STATE ST. 7/10/2021 From 03/08/2019

TRENTON, NJ 08618 To: 08/06/2019

O 080 SAMARITAN BAPTIST Ph: (609) 883-5849

531 DR. MILK BLVD From 07/02/2019

FROM: TRENTON, NJ 08618
TO: 07/28/2019

O 155 LIFEGATE CHRISTIAN ASSEMB Ph: (809)656-0205

901 S. CLINTON AVE 3/16/20 From 07/02/2019

TRENTON, NJ 08611 To: 08/10/2019

0 166 EDGEWOOD PLAYGROUND Ph (800)988-3161

EDGEWOOD AVE 7/6/20 From 07/02/2019

TRENTON, NJ 08618 To: 07262010

0 168 JOHN BEECH PARK Ph (609)988-3161

SCHENK THIRD STREET / From 07/09/2019

TRENTON, NJ 08611 To: 08-10-2019

0 302 AGABITI PARK Ph. (809)988-3161

ROEBLING AND EMORY ST From 03/09/2019~

TRENTON, NJ 08611 To 08/18/2013

Exp Yea 2016

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Revision Date	Effective Date	Status	Approval Date
08/21/2019	07/02/2019	A	08/20/2019

Site	Name/Address	Ph	Add. Days	Incl. With	Bfst ALMS	Bfst Blst	Time AM Blst	AM Sppl	AM Sppl ALMS	AM Sppl	Lunch	Lunch Time ALMS	Lunch	PM Sppl	PM Sppl ALMS	PM Sppl	Dinn ALMS	Dinn Blst	Time AM Blst	Del. To
O 304	LAUREL AVE PARK LAUREL AVE TRENTON, NJ 08618	(609)985-3161 From 07/02/2019 To 08/02/2019 Elig Yes 2018	7/6/2020 8/2/2020	O	20	20	08:00				20	20	12:00							S A
Days of Operations: <u>M.T.W.T.H.F</u>																				
Comments: <u>BKFST ENDS 10AM: LUNCH ENDS 2PM</u>																				
O 308	LIPINSKI PARK HEIL STREET TRENTON, NJ 08638	(609)989-3628 From 07/02/2019 To 07/20/2019 Elig Yes 2018	7/6/2020 8/2/2020	27	C	15	25	09:00			15	25	12:00							S A
Days of Operations: <u>M.T.W.T.H.F</u>																				
Comments: <u>CLOSED JULY 4TH(BRFT ENDS= 10AM LUNCH ENDS= 2PM</u>																				
O 319	G GRANT 94FT (CAMP) 401 BRUNSWICK AVE TRENTON, NJ 08638	(609)851-0351 From 07/02/2019 To 08/02/2019 Elig Yes 2016	7/6/2020 8/2/2020	O	75	75	08:30				75	75	12:00							M A
Days of Operations: <u>M.T.W.T.H.F</u>																				
Comments: <u>CLOSED JULY 4TH(BRFT ENDS=9:30AM LUNCH ENDS= 2PM</u>																				
O 325	GEORGE PAGE PARK N. OLDEN & LAWRENCE ST TRENTON, NJ 08638	(609)989-3445 From 07/02/2019 To 07/20/2019 Elig Yes 2016	7/6/2020 8/2/2020	27	C	15	25	09:00			15	25	12:00							S A
Days of Operations: <u>M.T.W.T.H.F</u>																				
Comments: <u>CLOSED JULY 4TH(BRFT ENDS= 10AM LUNCH ENDS= 2PM</u>																				
O 346	IKE WILLIAMS CENTER CLAY STREET TRENTON, NJ 08609	(609)388-3161 From 07/02/2019 To 08/02/2019 Elig Yes 2016	7/6/2020 8/2/2020	27	O	25	35	08:30			25	35	11:30							S A
Days of Operations: <u>M.T.W.T.H.F</u>																				
Comments: <u>CLOSED JULY 4TH(BRFT ENDS= 9:30AM LUNCH ENDS= 1:30PM</u>																				
O 347	G GRANT PARK ESTATE STREET TRENTON, NJ 08250	(609)989-3161 From 07/02/2019 To 08/02/2019 Elig Yes 2016	7/6/2020 8/2/2020	O	20	20	08:00				20	20	12:00							S A
Days of Operations: <u>M.T.W.T.H.F</u>																				
Comments: <u>BKFST ENDS 10AM: LUNCH ENDS 2PM</u>																				
O 352	HOLY CROSS CHURCH 500 E. STATE ST TRENTON, NJ 08608	(609)393-0565 From 07/02/2019 To 07/20/2019 Elig Yes 2016	7/6/2020 8/2/2020	O	30	40	08:00				30	40	12:00							S A
Days of Operations: <u>M.T.W.T.H.F</u>																				
Comments: <u>BRFT ENDS= 10AM LUNCH ENDS= 2PM</u>																				

AUG-21-19 11:24 AM

**New Jersey Department of Agriculture
Division of Food & Nutrition
Summer Food Service Program - Schedule A**

Page 3

Agreement No.: 11-0107

Vendor ID: V21600124206

Sponsor: CITY OF TRENTON

319 E STATE ST

TRENTON, NJ 086081809

CCR-Completed: Yes

Phone: (609) 989-3835

DUNS No: 136478000

Contact Person: ADAM CRUZ ACRUZ@TRENTONNJ.ORG

Revision Date	Effective Date
08/21/2019	07/02/2019

Status	Approval Date
A	08/20/2019

A

09/20/2019

Site	Name/Address	Add Days	Incl Wthr	Bfst ALMS	Time Bfst	AM Sppl ALMS	Time Sppl	AM Sppl ALMS	Lunch	Lunch Time	PM Sppl ALMS	Time Sppl	PM Sppl ALMS	Dinn ALMS	Time Dinn	Del Ave
0 354	MLK PARK BRUNSWICK AVE NEAR SOUTHWAY TRENTON, NJ 08618	Ph: (609)980-3161 From 07/08/2019 To: 08/16/2019 Elig Yes 2016	15 25 08:00	20 30 12:00	15 25											S A
		Days of Operations: <u>M.T.W.T.H.F</u> Comments: <u>BKFAST ENDS 10AM. LUNCH ENDS 2PM</u>														
0 358	CHOSEN GENERATION 215 N MONTGOMERY ST TRENTON, NJ 08611	Ph: (609)638-4184 From 08/28/2019 To: 08/30/2019 Elig Yes 2016	27 0 50 06:00	60 00:00	15 25				50 60 12:00							S A
		Days of Operations: <u>M.T.W.T.H.F</u> Comments: <u>CLOSED JULY 4TH</u>														
0 374	FOUNDATION ACCTY CHARTER 363 WEST STATE STREET TRENTON, NJ 08616	Ph: (609)331-4656 From 07/08/2019 To: 07/20/2019 Elig Yes 2016	0 100 11:00 08:30	100 11:00 12:00												S A
		Days of Operations: <u>M.T.W.T.H.F</u> Comments: <u>BRFT ENDS= 9:30AM LUNCH ENDS= 2PM</u>														
0 377	TRENTON POLICE HQ'S 225 NORTH CLINTON AVENUE TRENTON, NJ 08609	Ph: (609)789-7839 From 07/08/2019 To: 08/10/2019 Elig Yes 2016	0 25 35 08:00	25 35 12:00												S A
		Days of Operations: <u>M.T.W.T.H.F</u> Comments: <u>CLOSED JULY 30TH TO AUGUST 10TH BRFT ENDS= 9AM LUNCH ENDS= 2:00PM</u>														
0 382	JUAN MARTINEZ MEM. PARK FURMAN ST./LAMBERTON ST. TRENTON, NJ 08611	Ph: (609)989-3161 From 07/08/2019 To: 08/16/2019 Elig Yes 2016	15 25 08:00	20 30 12:00	15 25											S A
		Days of Operations: <u>M.T.W.T.H.F</u> Comments: <u>BKFAST ENDS 10AM. LUNCH ENDS 2PM</u>														
0 384	CADWALADER PARK PROGRAM 299 PARKSIDE AVE TRENTON, NJ 08618	Ph: (609)989-3835 From 07/08/2019 To: 08/16/2019 Elig Yes 2016	27 0 40 09:00	40 00:00	15 25				40 00 12:00							S A
		Days of Operations: <u>M.T.W.T.H.F</u> Comments: <u>CLOSED JULY 4TH/BRFT ENDS= 10AM LUNCH ENDS= 2PM</u>														
0 386	THE SALVATION ARMY 575 EAST STREET TRENTON, NJ 08609	Ph: (609)399-8373 From 07/08/2019 To: 08/02/2019 Elig Yes 2016	0 35 45 12:00													S A
		Days of Operations: <u>M.T.W.T.H</u> Comments: <u>CLOSED JULY 10TH LUNCH ENDS= 2PM</u>														

AUG-25-19 11:24 AM

**New Jersey Department of Agriculture
Division of Food & Nutrition
Summer Food Service Program - Schedule A**

Page 4

Agreement No.: 11-0107
Vendor ID: V21800124208
Sponsor: CITY OF TRENTON
319 E STATE ST
TRENTON, NJ 086081809

CCR-Completed: Yes Phone: (809)989-3635

DUNS No: 136478000

Contact Person: ADAM CRUZ, ACRUZ@TRENTONNJ.ORG

Revision Date	Effective Date	Status	Approval Date
08/21/2019	07/02/2019	A	08/20/2019

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AUG-27-19 11:24 AM

**New Jersey Department of Agriculture
Division of Food & Nutrition
Summer Food Service Program - Schedule A**

Page 5

Agreement No.: 11-0107

Vendor ID: V21600124206

Sponsor: CITY OF TRENTON

319 E STATE ST

TRENTON, NJ 086081809

CCR-Completed: Yes

Phone: (609)989-3835

DUNS No: 136478000

Contact Person: ADAM CRUZ, ACRUZ@TRENTONNJ.ORG

Revision Date	Effective Date	Status	Approval Date
08/21/2019	07/02/2019	A	08/20/2019

Status	Approval Date
A	08/20/2019

Site	Name/Address
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Add. Days	Incl. Withr	Bfst	Bist ALMS	Time Bfst	AM Sppl		Lunch	LunchTime ALMS	Lunch	PM Sppl		Dinn	Dinn ALMS	Time Dinn	Del
					AM Sppl	AM Sppl				PM Sppl	PM Sppl				

~~O-422 WW REG CENTER~~
~~361 PROSPECT AVE~~
~~TRENTON, NJ 08610~~

Ph: (609)989-3107
From 07/15/2019
To 08/16/2019
Elig Yea 2017

O	:	100	110	02:30		.	100	110	05:30 S A
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Days of Operations: M,T,W,T,F
Comments

0-420 CARTER PARK
GARFIELD AVE
BETWEEN E. STATE
STANLEY
TRENTON, NJ 08610
Ph: (609)989-3635
From 07/02/2019
To: 08/16/2019
Elig Yes

C	15	2509.00	:	15	2512.00	:				M	A
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Days of Operations: M,T,W,T,F
Comments CLOSED, JULY 4TH (BRET ENDS= 10AM LUNCH ENDS= 2PM)

O 429 W. TRENTON COMM. CENTER Ph: (609)800-4331
510 STUYVESANT AVE. From 02/02/2018
TRENTON, NJ 08618 To: 08/16/2018
8/16/2018
Elig Yes 2018

	0	15	24	6:00	.	A	18:00	:	.	S A
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Days of Operations: MTWTF
Comments CLOSED JULY 4TH

O 430 SAM NAPLES COMM CENTER Ph: (609)900-3462
611 CHESTNUT AVE. From: 07/04/2018
TRENTON, NJ 08611 To: 08/15/2018
Eliq Yea 2018

0	29	640800			24	641100	:			: SA
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Days of Operations: M.T.W.T.H.F
Comments CLOSED JULY 4TH BRFT ENDS= 9AM LUNCH ENDS= 1PM

0-438 ~~CHARTER VILLAGE SCHOOL~~ Ph: (609)695-0110
 ✓ ~~101 SULLIVAN WAY~~ From 07/08/2019
 TRENTON, NJ 08628 To 08/05/2019
 Elig Yea 2019

	O	50	60 08:00				100	110 12:00			:			:	S/A
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Days of Operations: M.T.W.T.H.
Comments BRFT ENDS 9AM

O 432 JOYCE KILMER MIDDLE SCH Ph (609)638-1556
1300 STUYVESANT AVENUE From 07/01/2019
TRENTON, NJ 08618 To 07/26/2019
Elig Yea 2019

C	:	:	75	85	12:00	:	:	:	S	A
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Days of Operations: M.T.W.T.H
Comments LUNCH ENDS= 2PM

AUG-21-19 1:24 AM

New Jersey Department of Agriculture
Division of Food & Nutrition
Summer Food Service Program - Schedule A

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Agreement No.: 11-0107

Vendor ID: V21800124208

Sponsor: CITY OF TRENTON

319 E STATE ST

TRENTON, NJ 086081809

CCR-Completed: Yes

Phone: (609)989-3635

DUNS No: 136478000

Contact Person: ADAM CRUZ, ACRUZ@TRENTONNJ.ORG

Revision Date

Effective Date

Status

Approval Date

08/21/2019

07/02/2019

A

08/20/2019

Site	Name/Address	Ph:	Add. Days	Incl Wthr	Bfst ALMS	Bfst Sppl	Time AM Sppl	Time AM ALMS	Lunch ALMS	Lunch Time ALMS	PM Sppl	PM ALMS	Dinn ALMS	Dinn Time	Del
O 418	JOHN O. WILSON HAMILTON 189 WALFRED AVENUE TRENTON, NJ 08610	Ph: (609)393-648 From 07/08/2019 To: 08/16/2019 Elig Yea 2019		O						35	45	12:00			S A
Days of Operations: M.T.W.T.H.F Comments: LUNCH ENDS= 2PM															
A 430	MERCER COUNTY COLLEGE 100-104 W. BROAD ST. RM. 334 TRENTON, NJ 08608	Ph: (609)488-4158 From 07/01/2019 To: 07/09/2019 Elig Yea 2019		C	18	29	08:30			19	29	12:00			S A
Days of Operations: M.T.W.T.H.F Comments: BRKFST ENDS= 9:30AM LUNCH ENDS= 2PM															
A 440	GREGORY ELEM SCHOOL 500 RUTHERFORD AVE TRENTON, NJ 08618	Ph: (609)656-4740 From 07/06/2019 To: 07/16/2019 Elig Yea 2019		O	50	50	08:30			50	50	12:00			S A
Days of Operations: M.T.W.T.H.F Comments: BRKFST ENDTIME 9:30AM LUNCH ENDTIME 2PM															
O 441	SAMARTHAN BAPTIST CHURCH 631 MARTIN LUTHER KING JR TRENTON, NJ 08618	Ph: (609)393-0016 From 07/02/2019 To: 08/23/2019 Elig Yea 2019		O	30	40	08:00			30	40	12:00			S A
Days of Operations: M.T.W.T.H.F Comments: BRKFST ENDTIME 9AM LUNCH ENDTIME 2PM															
O 442	EXTRAVAGANZA CALDWALDER PARK TRENTON, NJ 08601	Ph: (609)989-3181 From 08/14/2019 To: 08/15/2019 Elig Yea 2019		C						440	450	12:00			A
Days of Operations: TH Comments: LUNCH ENDS 2PM															

Count: 39

Total: 1106 1416

100 110

1798 2168

0 0

100 110

SITE
CODE

NEW JERSEY STATE DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD & NUTRITION
CHILD NUTRITION PROGRAMS
SUMMER FOOD SERVICE PROGRAM
PO BOX 324
TRENTON, NJ 08625-0324

SITE INFORMATION SHEET

1. Sponsor Name CITY OF TRENTON, NEW JERSEY
2. Agreement Number 11-0107
3. Site Name Parker Elementary School
4. Street Address 820 S. Warren St
5. City, State, Zip Code Trenton, NJ 08611
6. Telephone Number (609) 654-5555
7. Name of Site Supervisor _____

8. Type of Site: (check one)
☒ A. Open
☐ B. Enrolled / Area Eligible
☐ C. Enrolled / Non-Area Eligible
☐ D. Migrant
☐ E. Residential Camp
☐ F. Homeless
9. Type of meal service: (check one)
☐ A. Self-Preparation / On Site
☐ B. Central Kitchen
☒ C. Vendor-Prepackaged
☐ D. Food Service Mgr. Co.
☐ E. School Contract

10. If answer to 8 is A, B, or D, check one of the following to document that the site is an area in which poor economic conditions exist (at least 50% needy children, see procedures):

☒ A. Census Tract Data (attach copy)
☐ B. School Survey Data
Indicate specific school(s) nearest to the site address
school year Parker Elementary
820 S. Warren Trenton NJ
☐ C. Enrollment Documentation

11. Indicate other United States Department of Agriculture (USDA) programs in which this site participates

☐ School Breakfast Prog. ☐ Nat'l School Lunch Prog. ☒ None
☐ Child Care Food Prog. ☐ Food Distribution Prog. ☐ Other

NOTE: Sites may not receive simultaneous funding from more than one USDA program.

12. Does this site operate year round? ☐ Yes ☒ No

13. Is this a Day Care Center? ☐ Yes ☒ No
If yes, complete Day Care Center Form.

14. Is there regularly scheduled organized activity? ☒ Yes ☐ No

15. Name and Address of Food Preparation Facility:
(Self Prep and FSMC)

16. Site Operating Dates
Beginning 07/01/2020 Closing 08/01/2020
07/06/2020

17. Site Number of Operating Days (Meals Served to Children)
June ____ July 22 Aug. 12 Sept. ____ Total Days 34
(Residential Camps & Colleges Only)
Check if open ☐ Sat ☐ Sun Total # Sat/Sun ____
[[Indicate Sat/Sun dates of operation (month/day)]]

18 TYPES OF MEALS SERVED			STATE USE ONLY	
Sponsor Estimate # Children Daily	Serving Time	# of meals served	ALMS	Approved Vendor Delivery
BREAKFAST	<u>120</u> <u>8:30</u>	<u>2</u>		
LUNCH	<u>120</u> <u>11:30</u>	<u>1</u>		
P.M. Supper				
DINNER				

NOTE: Residential and non residential camps estimate ELIGIBLES only

19. In Inclement Weather site will be:
Check one: Open ☒ Closed ☐
If relocating specify address _____

20. Describe the Meal Service Area:
A. How many children can eat comfortably at one time? 150
B. Is there shift feeding? ☐ Yes ☒ No
C. Indicate how many staff will directly supervise the meal service.

21. Describe the type and amount of refrigeration on site for holding meals until completion of meal service
Commercial

22. ANSWER ONLY IF MEALS ARE DELIVERED TO SITE:
How will the need for meal adjustments be communicated to the sponsor? Telephone or Email

CERTIFICATION

I CERTIFY THAT THIS SITE HAS BEEN VISITED ON 3/12/2020
AND CONFIRMED THAT IT HAS THE CAPABILITY AND FACILITIES FOR MEAL SERVICE PLANNED FOR THE NUMBER OF CHILDREN ANTICIPATED TO BE SERVED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS FORM AND SUBSEQUENT ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES. THE PROGRAM MUST BE MADE AVAILABLE TO ALL CHILDREN REGARDLESS OF SEX, AGE, RACE, COLOR, DISABILITY OR NATIONAL ORIGIN.

Name/Title of Site Rep Erica Reynolds Signature [Signature] Date 03/17/2020

Name/Title Authorized Sponsor/Rep _____ Signature _____ Date _____

STATE AGENCY USE ONLY:

Percentage of children verified as eligible for free and reduced priced meals ____ % Verification source: ☐ School Survey ☐ Census

Approved By: _____ Date _____

Computer Entry By: _____ Date _____

**SITE
CODE**

NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD & NUTRITION
SUMMER FOOD SERVICE PROGRAM
PO BOX 334
TRENTON, NJ 08633-0334

Date prepared by sponsor: 5/30/2020

SITE INFORMATION SHEET

1. Sponsor Name City of Trenton
2. Agreement Number 11-0107
3. Site Name Villa Park
4. Street Address Hamilton Avenue
5. City, State, Zip Code Trenton, NJ 08633
6. Telephone Number 609-989-3151
7. Name of Site Supervisor _____

19 TYPES OF MEALS SERVED			STATE USE ONLY		
	Estimate if Children Daily	Serving Time	# of meals served	ALMS	Delivery
BREAKFAST	15	9 a.m.			
A.M. Supplement					
LUNCH	15	12 p.m.			
P.M. Supplement					
DINNER					

Note: Residential and non residential camps estimate SNUGLES only

8. Type of Site (check one)
☒ A. Open
☐ B. Enrolled/Area Eligible
☐ C. Enrolled/Non-Area Eligible
☐ D. Migrant
☐ E. Residential Camp
☐ F. Homeless
9. Types of meal service (check one)
☐ A. Self-Preparation/On Site
☐ B. Central Kitchen
☒ C. Vended-Prepackaged
☐ D. Food Service Mgt. Co.
☐ E. School Contract

20. In inclement Weather site will be:
Check one ☐ Open ☒ Closed
If relocating specify address _____

10. If answer to 8 is A, B, C or D, check on of the following to document that the site is an area in which poor economic conditions exist (at least 50% needy children, see procedures):

☐ A. Census Tract Data (attach copy)
☒ B. School Survey Data

Indicate specific school(s) nearest to the site address school year
Trenton Central H.S. Chambers Street, Trenton, NJ 08638

☐ C. Enrollment Documentation

11. Indicate other United States Department of Agriculture (USDA) programs in which this site participates

☐ School Breakfast Prog. ☐ Nat'l School Lunch Prog. ☒ None
☐ Child Care Food Prog. ☐ Food Distribution Prog. ☐ Other

Note: Site may not receive simultaneous funding from more than one USDA program

12. Does this site operate year round? ☐ Yes ☒ No

13. Is this a Day Care Center? ☐ Yes ☒ No

If yes, complete Day Care Center Form.

14. Indicate if this is a HUD or Rural Development site.

☐ HUD ☐ RD ☒ N/A

15. Is there regularly scheduled organized activity? Yes ☒ No ☐

16. Name and Address of Food Preparation Facility:
(Self Prep and PS&MC)

17. Site Operating Dates

Beginning 7/8/20 Closing 8/21/20

Meal Service Notes:

Days of Operation: ☒ Monday ☒ Tuesday ☒ Wednesday
☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

18. Site Number of Operating Days (Meal Served to Children

June 20 July 15 Aug. 15 Sept. 35 Total Days 35

(Residential Camps and Colleges Only)

Check if open Sat Sun Total # Sat/Sun 0

(Indicate Sat/Sun dates of operation (month/day))

Closed on Wednesday, July 4th

Name/Title of Site Rep. M. Richardson Signature M. Richardson Date 5/30/2020
Name/Title of Authorized Sponsor Rep. Rel. Director Signature M. Richardson Date 5/30/2020

Name/Title of Authorized Sponsor Rep. Maria Richardson Signature M. Richardson Date 5/30/2020
Recreation Director, City Of Trenton

STATE AGENCY USE ONLY:

Percentage of children verified as eligible for free and reduced priced meals

% Verification source: School Survey Census

Approved By: _____ Date _____

Computer Entry By: _____ Date _____

CERTIFICATION

I CERTIFY THAT THIS SITE HAS BEEN VISITED ON / / AND CONFIRM THAT IT HAS THE CAPABILITY AND FACILITIES FOR MEAL SERVICE PLANNED FOR THE NUMBER OF CHILDREN ANTICIPATED TO BE SERVED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS FORM AND SUBSEQUENT ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES. THE PROGRAM MUST BE MADE AVAILABLE TO ALL CHILDREN REGARDLESS OF SEX, AGE, RACE, COLOR, DISABILITY, NATIONAL ORIGIN OR REPRISAL.

SITE CODE

NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD & NUTRITION
SUMMER FOOD SERVICE PROGRAM
PO BOX 334
TRENTON, NJ 08625-0334

Date prepared by sponsor: 3/20/2020

SITE INFORMATION SHEET

- Sponsor Name City of Trenton
- Agreement Number 11-0107
- Site Name Roberto Clemente Park
- Street Address Perry Street
- City, State, Zip Code Trenton, NJ 08609
- Telephone Number 609-989-3161
- Name of Site Supervisor _____

- Type of Site (check one)
 - ☒ A. Open
 - ☐ B. Enrolled/Area Eligible
 - ☐ C. Enrolled/Non-Area Eligible
 - ☐ D. Migrant
 - ☐ E. Residential Camp
 - ☐ F. Homeless
- Types of meal service (check one)
 - ☐ A. Self-Preparation/On Site
 - ☐ B. Central Kitchen
 - ☒ C. Vended-Prepackaged
 - ☐ D. Food Service Mgt. Co.
 - ☐ E. School Contract

10. If answer to 8 is A, B, C or D, check on the following to document that the site is an area in which poor economic conditions exist (at least 50% needy children, see procedures):

- ☐ A. Census Tract Data (attach copy)
- ☒ B. School Survey Data

Indicate specific school(s) nearest to the site address school year
9th Grade Academy, 500 Perry Street, Trenton, NJ 08609

- ☐ C. Enrollment Documentation

11. Indicate other United States Department of Agriculture (USDA) programs in which this site participates

- ☐ School Breakfast Prog.
- ☐ Nat'l School Lunch Prog.
- ☒ None
- ☐ Child Care Food Prog.
- ☐ Food Distribution Prog.
- ☐ Other

Note: Site may not receive simultaneous funding from more than one USDA program

12. Does this site operate year round? ☐ Yes ☒ No

13. Is this a Day Care Center? ☐ Yes ☒ No

If yes, complete Day Care Center Form.

14. Indicate if this is a HUD or Rural Development site.

- ☐ HUD ☐ RD ☒ N/A

15. Is there regularly scheduled organized activity? Yes ☒ No ☐

16. Name and Address of Food Preparation Facility:
(Self Prep and FSMC)

17. Site Operating Dates

Beginning 7/8/20 Closing 8/21/20

Meal Service Notes:

- Days of Operation: ☒ Monday ☒ Tuesday ☒ Wednesday
- ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

18. Site Number of Operating Days (Meal Served to Children)

June _____ July 20 Aug. 15 Sept. _____ Total Days 35

(Residential Camps and Colleges Only)

Check if open _____ Sat _____ Sun Total # Sat/Sun 0

[(Indicate Sat/Sun dates of operation (month/day))]

Closed on Wednesday, July 4th

19. TYPES OF MEALS SERVED

	Estimate # Children Daily	Serving Time	# of meals served	ALMS	Delivery
BREAKFAST	15	9 a.m.			
AM Supplement					
LUNCH	15	12 p.m.			
PM Supplement					
DINNER					

Note: Residential and non residential camps estimate ELIGIBLES only

20. In Incident Weather site will be:

Check one. ☐ Open ☒ Closed

If relocating specify address: _____

21. Describe the Meal Service Area:

A. How many children can eat comfortably at one time? 25

B. Is there shift feeding? ☐ Yes ☒ No

C. Indicate how many staff will directly supervise the meal service.

3

22. Describe the type and amount of refrigeration on site for hold meals until completion of meal service.

___ Cooler(s) ___ Commercial Refrigerator(s) 1 Walk-In Refrigerator(s)

23. ANSWER ONLY IF MEALS ARE DELIVERED TO SITE:

How will the need for meal adjustments be communicated to the sponsor?

☒ Telephone ☐ Email ☐ Fax ☐ Other: _____

CERTIFICATION

I CERTIFY THAT THIS SITE HAS BEEN VISITED ON ___/___/___ AND CONFIRM THAT IT HAS THE CAPABILITY AND FACILITIES FOR MEAL SERVICE PLANNED FOR THE NUMBER OF CHILDREN ANTICIPATED TO BE SERVED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS FORM AND SUBSEQUENT ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES. THE PROGRAM MUST BE MADE AVAILABLE TO ALL CHILDREN REGARDLESS OF SEX, AGE, RACE, COLOR, DISABILITY, NATIONAL ORIGIN OR REPRISAL.

Name/Title of Site Rep. _____ Signature _____ Date 3/20/2020
Maria Richardson

Name/Title of Authorized Sponsor Rep. _____ Signature _____ Date 3/20/2020
Maria Richardson
Recreation Director, City Of Trenton

STATE AGENCY USE ONLY:

Percentage of children verified as eligible for free and reduced priced meals

___ % Verification source: School Survey _____ Census _____

Approved By: _____ Date _____

Computer Entry By: _____ Date _____

**SITE
CODE**

NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD & NUTRITION
SUMMER FOOD SERVICE PROGRAM
PO BOX 334
TRENTON, NJ 08625-0334

Date prepared by sponsor: 3/17/2020

SITE INFORMATION SHEET

1. Sponsor Name City of Trenton
2. Agreement Number 11-0107
3. Site Name Oaks Integrated Care
4. Street Address 1320 New Willow Street
5. City, State, Zip Code Trenton, NJ 08630
6. Telephone Number 609-395-0800
7. Name of Site Supervisor Caitlin Fair

19. TYPES OF MEALS SERVED			STATE USE ONLY		
	(Example: 8 Children Daily)	Serving Time	# of Meals Served	ALMS	Delivery
BREAKFAST	20	10:45 a			
A.M. Supplement					
LUNCH	20	2:00 p.m.			
P.M. Supplement					
DINNER					

Note: Residential and non residential camps estimate ELIGIBLES only

8. Type of Site (check one)
 - ☐ A. Open
 - ☒ B. Enrolled/Area Eligible
 - ☐ C. Enrolled/Non-Area Eligible
 - ☐ D. Migrant
 - ☐ E. Residential Camp
 - ☐ F. Homeless
9. Types of meal service (check one)
 - ☐ A. Self-Preparation/On Site
 - ☐ B. Central Kitchen
 - ☒ C. Vended-Prepackaged
 - ☐ D. Food Service Mgt. Co.
 - ☐ E. School Contract

10. If answer to 8 is A, B, C or D, check on of the following to document that the site is an area in which poor economic conditions exist (at least 50% needy children, see procedures)

- ☐ A. Census Tract Data (attach copy)
☒ B. School Survey Data

Indicate specific school(s) nearest to the site address school year
9th Grade Academy, 900 Perry Street Trenton 08609

- ☐ C. Enrollment Documentation

11. Indicate either United States Department of Agriculture (USDA) programs in which this site participates

- ☐ School Breakfast Prog. ☐ Nat'l School Lunch Prog. ☒ None
☐ Child Care Food Prog. ☐ Food Distribution Prog. ☐ Other

Note: Site may not receive simultaneous funding from more than one USDA program

12. Does this site operate year round? ☐ Yes ☒ No

13. Is this a Day Care Center? ☐ Yes ☒ No

If yes, complete Day Care Center Form.

14. Indicate if this is a HUD or Rural Development site.

- ☐ HUD ☐ RD ☒ N/A

15. Is there regularly scheduled organized activity? Yes ☒ No ☐

16. Name and Address of Food Preparation Facility:
 (Self Prep and FSNIC)

17. Site Operating Dates

Beginning 7/6/20 Closing 8/21/20

Meal Service Notes:

Days of Operation: ☒ Monday ☒ Tuesday ☒ Wednesday
☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

18. Site Number of Operating Days (Meal Served to Children)

June 20 July 15 Aug. 15 Sept. 5 Total Days 35

(Residential Camps and Colleges Only)

Check if open Sat Sun Total 0 Sat/Sun 0

(Indicate Sat/Sun dates of operation (month/day))

Closed on Wednesday, July 4th

20. In Inclement Weather site will be
 Check one: ☒ Open ☐ Closed
 If relocating specify address _____

21. Describe the Meal Service Area:

A. How many children can eat comfortably at one time? 30

B. Is there still feeding? ☐ Yes ☒ No

C. Indicate how many staff will directly supervise the meal service.

3

22. Describe the type and amount of refrigeration on site for hold meals until completion of meal service.

 Cooler(s) Commercial Refrigerator(s) 2 Walk-In Refrigerator(s)

23. ANSWER ONLY IF MEALS ARE DELIVERED TO SITE:

How will the need for meal adjustments be communicated to the sponsor?
☒ Telephone ☒ Email ☐ Fax ☐ Other.

CERTIFICATION

I CERTIFY THAT THIS SITE HAS BEEN VISITED ON 3/17/20 AND CONFIRM THAT IT HAS THE CAPABILITY AND FACILITIES FOR MEAL SERVICE PLANNED FOR THE NUMBER OF CHILDREN ANTICIPATED TO BE SERVED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS FORM AND SUBSEQUENT ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES. THE PROGRAM MUST BE MADE AVAILABLE TO ALL CHILDREN REGARDLESS OF SEX, AGE, RACE, COLOR, DISABILITY, NATIONAL ORIGIN OR REPRISAL.

Name/Title of Site Rep. Caitlin Fair Signature Caitlin Fair Date 3/17/20

Name/Title of Authorized Sponsor Rep. Caitlin Fair Signature Caitlin Fair Date 3/17/20

STATE AGENCY USE ONLY:

Percentage of children verified as eligible for free and reduced priced meals

 % Verification source: School Survey Census

Approved By: Date

Computer Entry By: Date

SITE
CODE

NEW JERSEY STATE DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD & NUTRITION
CHILD NUTRITION PROGRAMS
SUMMER FOOD SERVICE PROGRAM
PO BOX 334
TRENTON, NJ 08625-0334

SITE INFORMATION SHEET

1. Sponsor Name CITY OF TRENTON, NEW JERSEY
2. Agreement Number 11-0107
3. Site Name Achievers Early Prep Ch. School
4. Street Address 500 Smith St
5. City, State, Zip Code Trenton NJ 08611
6. Telephone Number (732) 631-4009
7. Name of Site Supervisor _____

18 TYPES OF MEALS SERVED			STATE USE ONLY	
Sponsor Estimate # Children Daily	Serving Time	# of meals approved	ALMS	Approved Vendor Delivery
BREAKFAST				
AM				
Supper				
LUNCH	150	1200		
PM				
Supper				
DINNER				

NOTE: Residential and non residential camps estimate ELIGIBLES only

8. Type of Site (check one)
☒ A. Open
☐ B. Enrolled / Area Eligible
☐ C. Enrolled / Non-Area Eligible
☐ D. Migrant
☐ E. Residential Camp
☐ F. Homeless

9. Type of meal service (check one)
☐ A. Self-Preparation / On Site
☐ B. Center Kitchen
☒ C. Vended-Prepackaged
☐ D. Food Service Mgt. Co.
☐ E. School Contract

10. If answer to 8 is A, B, or D, check one of the following to document that the site is an area in which poor economic conditions exist (at least 50% needy children, see procedures):

☐ A. Census Tract Data (attach copy)
☒ B. School Survey Data
Indicate specific school(s) nearest to the site address
school year _____
☐ C. Enrollment Documentation

11. Indicate other United States Department of Agriculture (USDA) programs in which this site participates.

☐ School Breakfast Prog. ☐ Nat'l School Lunch Prog. ☒ None
☐ Child Care Food Prog. ☐ Food Distribution Prog. ☐ Other

NOTE: Sites may not receive simultaneous funding from more than one USDA program.

12. Does this site operate year round? ☐ Yes ☒ No

13. Is this a Day Care Center? ☐ Yes ☒ No
If yes, complete Day Care Center Form.

14. Is there regularly scheduled organized activity? ☐ Yes ☒ No

15. Name and Address of Food Preparation Facility:
(Self Prep and FSMC)

16. Site Operating Dates
Beginning 8/1/2020 Closing 8/17/2020

17. Site Number of Operating Days (Meals Served to Children):
June _____ July _____ Aug 5 Sept _____ Total Days 5
(Residential Camps & Colleges Only)
Check if open ☐ Sat ☐ Sun Total # Sat/Sun _____
[(Indicate Sat/Sun dates of operation (month/day))]

19. In Inclement Weather site will be:
Check one: Open ☐ Closed ☒
If relocating specify address: _____

20. Describe the Meal Service Area:
A. How many children can eat comfortably at one time? 150
B. Is there shift feeding? ☐ Yes ☒ No
C. Indicate how many staff will directly supervise the meal service.
3

21. Describe the type and amount of refrigeration on site for holding meals until completion of meal service
Commercial Refrigeration

22. ANSWER ONLY IF MEALS ARE DELIVERED TO SITE:
How will the need for meal adjustments be communicated to the sponsor?
Telephone + email

CERTIFICATION

I CERTIFY THAT THIS SITE HAS BEEN VISITED ON _____ / _____ / _____
AND CONFIRMED THAT IT HAS THE CAPABILITY AND FACILITIES FOR MEAL SERVICE PLANNED FOR THE NUMBER OF CHILDREN ANTICIPATED TO BE SERVED. I FURTHER CERTIFY THAT THE INFORMATION ON THIS FORM AND SUBSEQUENT ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIMINAL STATUTES. THE PROGRAM MUST BE MADE AVAILABLE TO ALL CHILDREN REGARDLESS OF SEX, AGE, RACE, COLOR, DISABILITY OR NATIONAL ORIGIN.

Name/Title of Site Rep _____ Signature _____ Date _____

Cult Wdo-Sung - District Manager 3-27-2020
Name/Title Authorized Sponsor/Rep _____ Signature _____ Date _____

John F. [Signature] 3-27/20
STATE AGENCY USE ONLY:

Percentage of children verified as eligible for free and reduced priced meals _____ % Verification source: ☐ School Survey ☐ Census

Approved By _____ Date _____

Computer Entry By _____ Date _____

USDA Food and Nutrition Service

NJ Summer Food Service Program (SFSP)

SCHEDULE B

Meal Patterns

Breakfast Meal Pattern

Select All Three Components for a Reimbursable Meal

1 milk	1 cup	fluid milk
1 fruit/vegetable	1/2 cup	juice, 1 and/or vegetable
1 grains/bread ²	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup	bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains

1. Fruit or vegetable juice must be full-strength.

2. Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

Lunch or Supper Meal Pattern

Select All Four Components for a Reimbursable Meal

1 milk	1 cup	fluid milk
2 fruits/vegetables	3/4 cup	juice, 1 fruit and/or vegetable
1 grains/bread ²	1 slice 1 serving 1/2 cup 1/2 cup	bread or cornbread or biscuit or roll or muffin or hot cooked cereal or pasta or noodles or grains
1 meat/meat alternate	2 oz. 2 oz. 2 oz. 1 large 1/2 cup 4 Tbsp. 1 oz. 8 oz.	lean meat or poultry or fish 3 or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butter or nuts and/or seeds 4 or yogurt 5

1. Fruit or vegetable juice must be full-strength. Full strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.

2. Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

3. A serving consists of the edible portion of cooked lean meat or poultry or fish.

4. Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

5 Yogurt may be plain or flavored, unsweetened or sweetened.

Snack (Supplement) Meal Pattern

Select Two of the Four Components for a Reimbursable Snack

1 milk	1 cup	fluid milk
¹ fruit/vegetable	3/4 cup	juice, ¹ fruit and/or vegetable

1 grains/bread ²	1 slice	bread or
	1 serving	cornbread or biscuit or roll or muffin or
	3/4 cup	cold dry cereal or
	1/2 cup	hot cooked cereal or
	1/2 cup	pasta or noodles or grains
1 meat/meat alternate	1 oz.	lean meat or poultry or fish ³ or
	1 oz.	alternate protein product or
	1 oz.	cheese or
	1/2 large	egg or
	1/4 cup	cooked dry beans or peas or
	2 Tbsp.	peanut or other nut or seed butter or
	1 oz.	nuts and/or seeds or
	4 oz.	yogurt ⁴

-
1. Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component.
 2. Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.
 3. A serving consists of the edible portion of cooked lean meat or poultry or fish.
 4. Yogurt may be plain or flavored, unsweetened or sweetened.

NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD & NUTRITION
SUMMER FOOD SERVICE PROGRAM
PO BOX 334
TRENTON NJ, 08625-0334

STATE AGENCY USE ONLY:

Approved by _____ Date _____
Expiration Date _____

MO/DA/YR

Sponsor CITY OF TRENTON

Agreement # _____

Telephone 609-964-1361

SCHEDULE C
TEN DAY MENU PLANNER

WEEK 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>		DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
REQUIRED COMPONENTS		Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size
B P A S T	1. Juice or Fruit or Vegetables (2)	FRESH PEACH	1/2 c each	FRESH PLUM	1/2 c each	FRESH BANANA	1/2 c each	FEST PEACH	1/2 c each	FRESH STRAWBERRY	1/2 c each
	2. Bread or Bread Alternates (3)	APPLE CINNAMON CEREALS	1 SERV.	BANANA MUFFIN	1 SERV.	CEREALS	1 SERV.	BANANA MUFFIN	1 SERV.	MULTIGRAIN GOLDEN GRAHAMS	1 SERV.
	3. Milk	1% WHITE MILK	8 OZS.	FAT FREE STRAWBERRY MILK	8 OZS.	1% WHITE MILK	8 OZS.	FAT FREE CHOCOLATE MILK	8 OZS.	1% WHITE MILK	8 OZS.
A M S N O T 2	1. Milk		8 OZS.		8 OZS.		8 OZS.		8 OZS.		8 OZS.
	2. Juice or Fruit or Vegetable (2)		1/4 c each		1/4 c each		1/4 c each		1/4 c each		1/4 c each
	3. Bread or Bread Alternates (3)		1 SERV.		1 SERV.		1 SERV.		1 SERV.		1 SERV.
	4. Meat or Meat Alternates (1)		1 OZ.		1 OZ.		1 OZ.		1 OZ.		1 OZ.
L U N C H	1. Meat or Meat Alternates (1)	SLICED CHICKEN	2 OZS.	TURKEY HAM & AMERICAN CHEESE	2 OZS.	CHICKEN SALAD	2 OZS.	BEEF BOLOGNA & CHEDDAR CHEESE	2 OZS.	TURKEY MEAT	2 OZS.
	2. Juice or Fruit or Vegetable (2)	ORANGE JUICE	1/2 c each	APPLE JUICE	1/2 c each	GRAPE JUICE	1/2 c each	APPLE JUICE	1/2 c each	ORANGE JUICE	1/2 c each
	3. Fruit or Vegetable	CANTALOUPE	1/4 c each	FRESH NECTARINE	1/4 c each	FRESH STRAWBERRIES	1/4 c each	NECTARINE	1/4 c each	HONEY DEW MELON	1/4 c each
	4. Bread or Bread Alternates (3)	WHOLE GRAIN WHITE BREAD	1 SERV.	WHOLE WHEAT ROLL	1 SERV.	KASHA ROLL	1 SERV.	WHOLE WHEAT ROLL	1 SERV.	WHOLE WHEAT BREAD	1 SERV.
	5. Milk	1% WHITE MILK	8 OZS.	FAT FREE CHOCOLATE MILK	8 OZS.	1% WHITE MILK	8 OZS.	FAT FREE STRAWBERRY MILK	8 OZS.	1% WHITE MILK	8 OZS.
P M S N O O C T 2	1. Milk		8 OZS.		8 OZS.		8 OZS.		8 OZS.		8 OZS.
	2. Juice or Fruit or Vegetable (2)		1/4 c each		1/4 c each		1/4 c each		1/4 c each		1/4 c each
	3. Bread or Bread Alternates (3)		1 SERV.		1 SERV.		1 SERV.		1 SERV.		1 SERV.
	4. Meat or Meat Alternates (1)		1 OZ.		1 OZ.		1 OZ.		1 OZ.		1 OZ.
D I N N E R	1. Meat or Meat Alternates (1)		2 OZS.		2 OZS.		2 OZS.		2 OZS.		2 OZS.
	2. Juice or Fruit or Vegetable (2)		1/2 c each		1/2 c each		1/2 c each		1/2 c each		1/2 c each
	3. Fruit or Vegetable		1/4 c each		1/4 c each		1/4 c each		1/4 c each		1/4 c each
	4. Bread or Bread Alternates (3)		1 SERV.		1 SERV.		1 SERV.		1 SERV.		1 SERV.
	5. Milk		8 OZS.		8 OZS.		8 OZS.		8 OZS.		8 OZS.

* PLEASE REFER TO SCHEDULE B OF THE AGREEMENT AND THE SFPD NUTRITION GUIDANCE FOR SPONSORS FOR PORTION REQUIREMENT

(1) Cold cut meats with high water content, is "Relix" - Turkey Roll meat = 2.5 oz.
(1) Peanut butter meat = 4 tablespoons.
(3) Sandwiches require 2 servings of bread.
(3) Cold dry cereal meat = 1/4 cup.

COMPONENT

NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD & NUTRITION
SUMMER FOOD SERVICE PROGRAM
PO BOX 334
TRENTON NJ, 08623-0334

STATE AGENCY USE ONLY:

Approved by _____ Date _____

Expiration Date _____

MO/DAY/YR

Sponsor City of Trenton
Agreement #
Telephone 609-989-1161

**SCHEDULE C
TEN DAY MENU PLANNER**

WEEK 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/>		DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
REQUIRED COMPONENTS		Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size	Food Item	Portion Size
D I N E R	1. Juice or Fruit or Vegetables (2)	APPLE JUICE	1/2 c each	FRUIT PUNCH JUICE	1/2 c each	FRESH BANANA	1/2 c each	FRESH GRAPES	1/2 c each	ORANGE JUICE	1/2 c each
	2. Bread or Bread Alternate (3)	RICE CHEX CEREAL	1 SERV.	BLUEBERRY MUFFIN	1 SERV.	CINNAMON TOAST CRUNCH	1 SERV.	APPLE MUFFIN	1 SERV.	FRUITY CHEERIOS	1 SERV.
	3. Milk	1% WHITE MILK	8 OZS.	FAT FREE STRAWBERRY MILK	8 OZS.	1% WHITE MILK	8 OZS.	FAT FREE CHOCOLATE MILK	8 OZS.	1% WHITE MILK	8 OZS.
A F T E R S C H O O L	1. Milk		8 OZS.		8 OZS.		8 OZS.		8 OZS.		8 OZS.
	2. Juice or Fruit or Vegetable (2)		3/4 c each		3/4 c each		3/4 c each		3/4 c each		3/4 c each
	3. Bread or Bread Alternate (3)		1 SERV.		1 SERV.		1 SERV.		1 SERV.		1 SERV.
	4. Meat or Meat Alternate (1)		1 OZ.		1 OZ.		1 OZ.		1 OZ.		1 OZ.
L U N C H	1. Meat or Meat Alternate (1)	CHICKEN PATTY & PROVOLONE CHEESE	2 OZS.	BEEF PASTRAMI & AMERICAN CHEESE	2 OZS.	TURKEY SALAMI	2 OZS.	CORNEB BEEF & SWISS CHEESE	2 OZS.	TUNA SALAD	2 OZS.
	2. Juice or Fruit or Vegetable (2)	ORANGE JUICE	1/2 c each	APPLE JUICE	1/2 c each	GRAPE JUICE	1/2 c each	FRUIT PUNCH 100% JUICE	1/2 c each	LETTUCE & TOMATOES	1/2 c each
	3. Fruit or Vegetable	LETTUCE AND TOMATOES	1/4 c each	FRESH PLIM	1/4 c each	COLESLAW	1/4 c each	WATERMELON	1/4 c each	FRESH PEACH	1/4 c each
	4. Bread or Bread Alternate (3)	WHOLE GRAIN WHITE BREAD	1 SERV.	WHOLE WHEAT ROLL	1 SERV.	WHOLE WHEAT BREAD	1 SERV.	KAISER ROLL	1 SERV.	WHOLE WHEAT BUN	1 SERV.
	5. Milk	FAT FREE STRAWBERRY MILK	8 OZS.	1% WHITE MILK	8 OZS.	1% WHITE MILK	8 OZS.	FAT FREE STRAWBERRY MILK	8 OZS.	1% WHITE MILK	8 OZS.
P H O T O S E R V I C E	1. Milk		8 OZS.		8 OZS.		8 OZS.		8 OZS.		8 OZS.
	2. Juice or Fruit or Vegetable (2)		3/4 c each		3/4 c each		3/4 c each		3/4 c each		3/4 c each
	3. Bread or Bread Alternate (3)		1 SERV.		1 SERV.		1 SERV.		1 SERV.		1 SERV.
	4. Meat or Meat Alternate (1)		1 OZ.		1 OZ.		1 OZ.		1 OZ.		1 OZ.
D I N E R	1. Meat or Meat Alternate (1)		2 OZS.		2 OZS.		2 OZS.		2 OZS.		2 OZS.
	2. Juice or Fruit or Vegetable (2)		1/2 c each		1/2 c each		1/2 c each		1/2 c each		1/2 c each
	3. Fruit or Vegetable		1/4 c each		1/4 c each		1/4 c each		1/4 c each		1/4 c each
	4. Bread or Bread Alternate (3)		1 SERV.		1 SERV.		1 SERV.		1 SERV.		1 SERV.
	5. Milk		8 OZS.		8 OZS.		8 OZS.		8 OZS.		8 OZS.

* PLEASE REFER TO SCHEDULE B OF THE AGREEMENT AND THE NJSP NUTRITION GUIDANCE FOR SPONSORS FOR PORTION REQUIREMENT

(1) Cold cut meats with high water content, in "Rolls" - Turkey Roll meat = 2.5 ozs.
(1) Shredded Swiss cheese = 1 tablespoon

(2) Sandwiches require 3 servings of bread.
(3) Fat-free whole wheat bread = 1.75 ozs.