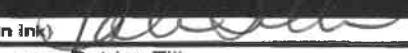


BID2020-36 SUMMER FOOD SERVICE PROGRAM FOR THE CITY OF TRENTON, DEPARTMENT OF RECREATION, NATURAL RESOURCES, AND CULTURE BID  
OPENING 5/27/2020 AT 11:00AM

<b>BID2020-36 SUMMER FOOD SERVICE PROGRAM FOR THE CITY OF TRENTON, DEPARTMENT OF RECREATION, NATURAL RESOURCES, AND CULTURE</b>	
<b>NUMBER OF RESPONDENTS:</b>	1
<b>NAME OF BIDDER</b>	<b>PREFERRED MEAL SYSTEMS, INC.</b>
<b>ADDRESS</b>	5240 ST. CHARLES ROAD
<b>CITY, STATE, ZIP</b>	BERKELEY, IL 60163
<b>CONTACT NAME</b>	<b>HEATHER MCDERMOTT</b>
<b>TELEPHONE</b>	708-318-2500
<b>FAX</b>	708-493-2690
<b>E-MAIL</b>	<a href="mailto:HEATHER.MCDERMOTT@PREFERREDMEALS.COM">HEATHER.MCDERMOTT@PREFERREDMEALS.COM</a>
<b>STATEMENT OF OWNERSHIP DISCLOSURE</b>	INCLUDED
<b>BID GUARANTEE</b>	10% THE AMERICAN INSTITUTE OF ARCHITECTS W.P.O.A/STEPHEN A. VANN
<b>CONSENT OF SURETY</b>	THE AMERICAN INSTITUTE OF ARCHITECTS
<b>PERFORMANCE BOND AND LABOR AND MATERIAL PAYMENT BONS</b>	<b>REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS</b>
<b>MANDATORY EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A</b>	INCLUDED
<b>REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE</b>	INCLUDED
<b>ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA</b>	N/A
<b>NJ BUSINESS REGISTRATION CERTIFICATE</b>	INCLUDED
<b>EIC</b>	CERT.#2895 EXP. 08/15/2021
<b>NON-COLLUSION AFFIDAVIT</b>	INCLUDED
<b>AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE</b>	INCLUDED
<b>DISCLOSURE OF INVESTED ACTIVITIES IN IRAN</b>	INCLUDED
<b>ETHICS COMPLAINT DISCLOSURE</b>	INCLUDED
<b>DEBAREMENT NOTICE REQUIRED</b>	INCLUDED
<b>CERTIFICATE OF INSURANCE</b>	<b>REQUIRED FROM AWARDED VENDOR</b>
<b>CITY OF TRENTON RESIDENT EMPLOYMENT POLICY</b>	INCLUDED
<b>60-DAY EXTENSION COMPLIANCE</b>	YES
<b>COMPLIANCE WITH EMERGENCY SERVICES</b>	YES
<b>THREE (3) REFERENCES</b>	INCLUDED
<b>TOTAL ESTIMATED AMOUNT OF BID</b>	<b>\$273,576.11(SEE ATTACHED BREAKDOWN OF PRICING)</b>
<b>EXCEPTIONS (IF ANY)</b>	NONE
<b>FATAL FLAW</b>	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 LOCATION: CITY OF TRENTON DIV. OF PURCHASING, CITY HALL, FIRST FLOOR, 319 E. STATE ST, TRENTON, NJ 08608			
CONTACT NAME: MARIA RICHARDSON					
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			
		TITLE VP - Controller			
TELEPHONE NUMBER 708-318-2500		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 08601809

CCR-Completed: Yes Phone: (609)989-3635  
DUNS No: 136478000

108438010

Phone: (609)989-3635

Contact Person: ADAM CRUZ, AGC/CE/TECHNICAL/202

2

卷之三

1000

卷之三

PRENTICE

40 DRG

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

AUG-21-19 11:24 AM

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

Page 2

Agreement No.: 11-0107

Vendor ID: V21600124206  
Sponsor: CITY OF TRENTON  
319 E STATE ST  
TRENTON, NJ 086081800

CCR-Completed: Yes Phone: (609)889-3635  
DUNS No: 136478000

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

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		CCR-Completed:		Yes		Phone:		(609)989-3835	
Vendor ID:		V21600124206		DUNS No.:		136478000		Contact Person:		ADAM CRUZ ACRUZ@TRENTONNJ.ORG	
Sponsor:		CITY OF TRENTON		Add. Incl		AM		Revision Date		Effective Date	
		319 E STATE ST		Bfst Bfst		Time AM		08/21/2019		07/02/2019	
		TRENTON, NJ 086081808		ALMS Bfst		Sppl AM		Status		A	
				ALMS Sppl		Lunch		Approval Date		08/20/2019	
						Lunch Time		PM		Time	
						PM Sppl		Sppl		Dinn	
						ALMS		ALMS		Dinn Time	
						Sppl		Sppl		ALMS Dinn	
Site	Name/Address		Days	Wthr	Bfst	Time	AM	Time	PM	Time	Days
O 354	MLK PARK		Ph: (609)989-3161		0	20	2008:00		20	0012:00	
	BRUNSWICK AVE NEAR		From 07/02/2019								S
	SOUTHWA		To: 08/06/2019								
	TRENTON, NJ 08618		Elig Yea	2016							
O 358	CHOSEN GENERATION		Ph: (609)638-4184		27	0	50	6008:00		6012:00	
	215 N MONTGOMERY ST		From 08/28/2019								S
	TRENTON, NJ 08611		To: 08/06/2019								
			Elig Yea	2016							
O 374	FOUNDATION ACOY-CHARTER		Ph: (609)331-4656		0	100	1108:30		100	11012:00	
	363 WEST STATE STREET		From 07/02/2019								S
	TRENTON, NJ 08610		To: 07/20/2019								
			Elig Yea	2016							
O 377	TRENTON POLICE HQ'S		Ph: (609)789-7839		0	25	3508:00		25	3512:00	
	225 NORTH CLINTON AVENUE		From 07/02/2019								S
	TRENTON, NJ 08609		To: 08/06/2019								
			Elig Yea	2016							
O 382	JUAN MARTINEZ MEM. PARK		Ph: (609)989-3161		0	20	2008:00		20	0012:00	
	FURMAN ST./LAMBERTON ST.		From 07/02/2019								S
	TRENTON, NJ 08611		To: 08/06/2019								
			Elig Yea	2016							
O 384	CADWALADER PARK		Ph: (609)989-3835		27	0	40	6009:00		6012:00	
	PROGRAM		From 07/02/2019								S
	200 PARKSIDE AVE		To: 08/06/2019								
	TRENTON, NJ 08618		Elig Yea	2016							
O 386	THE SALVATION ARMY		Ph: (609)989-9373		0				35	4512:00	
	575 EAST STREET		From 07/02/2019								S
	TRENTON, NJ 08609		To: 08/02/2019								
			Elig Yea	2016							

AUG-2T-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: V21800124206  
Sponsor: CITY OF TRENTON  
319 E STATE ST  
TRENTON, NJ 086081809

CCR-Completed: Yes Phone: (809)989-3635  
DUNS No: 136478000

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

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: V21800124206  
Sponsor: CITY OF TRENTON  
319 E STATE ST  
TRENTON, NJ 085081809

CCR-Completed: Yes  
DUNS No: 136478000

Phone: (609)969-3835

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

AUG-21-19 1:24 AM

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

Page 6

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@TRENTON.NJ.ORG

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

Site	Name/Address	Add. Incl Days	Incl Wthr	Bfst Bfst	Time AM Sppl	AM Sppl	Time AM Sppl	Lunch Lunch	Time PM Sppl	PM Sppl	Time PM Sppl	Dinn Dinn	Time ALMS Sppl	Dinn ALMS	Time Dinn Sppl	Active
O-418 JOHN D. WILSON HAMILTON	180 WALFORD AVENUE TRENTON, NJ 08610	Ph: (609)393-648		0					35	45	12:00					S A
		From 07/08/2019														
		To: 08/16/2019														
		Elig Yea 2019														
A-430 MERCER COUNTY COLLEGE	100-134 N BROAD ST RM 334 TRENTON, NJ 08608	Ph: (609)488-4158		C	18	29	08:30			19	29	12:00				S A
		From 07/01/2019														
		To: 07/09/2019														
		Elig Yea 2019														
A 440 GREGORY ELEM SCHOOL	500 RUTHERFORD AVE TRENTON, NJ 08618	Ph: (609)658-4740		0	30	00	08:30			30	30	12:00				S A
		From 07/01/2019														
		To: 08/16/2019														
		Elig Yea 2019														
O-441 SAMARITAN BAPTIST CHURCH	Ph: (609)393-0016 624 MARTIN LUTHER KING JR TRENTON, NJ 08618	Ph: (609)393-0016 From 07/02/2019 To: 08/29/2019 Elig Yea 2019		0	30	40	08:00			30	40	12:00				S A
		Days of Operations: M.T.W.TH.F														
		Comments: BRKFST ENDTIME 8:30AM, LUNCH ENDTIME 2PM														
O 442 EXTRAVAGANZA	CALDWELLER PARK	Ph: (609)989-3161 From 08/15/2019 To: 08/45/2019 Elig Yea 2019		C					40	40	12:00					A
		Days of Operations: TH														
		Comments: LUNCH ENDS 2PM														

Count: 39

Total: 1100 1416 100 110 1791 2166 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) 652-5555	
7. Name of Site Supervisor		

8. Type of Site: (check one)	9. Type of meal service: (check one)
<input type="checkbox"/> A. Open	<input type="checkbox"/> A. Self-Preparation / On Site
<input type="checkbox"/> B. Enrolled / Area Eligible	<input type="checkbox"/> B. Central Kitchen
<input type="checkbox"/> C. Enrolled / Non-Area Eligible	<input checked="" type="checkbox"/> C. Vended-Packaged
<input type="checkbox"/> D. Migrant	<input type="checkbox"/> D. Food Service Mgt Co
<input type="checkbox"/> E. Residential Camp	<input type="checkbox"/> E. School Contract
<input type="checkbox"/> F. Homeless	

10. If answer to B 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

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 08/10/2020  
07/06/2020

17. Site Number of Operating Days (Meals Served to Children):  
June \_\_\_ July 22 Aug \_\_\_ Sept. \_\_\_ Total Days \_\_\_  
(Residential Camps & Colleges Only)

Check  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 Approved	ALMS Approved Vendor Delivery
BREAKFAST	120	8:30	3	
AM Snack/				
LUNCH	120	11:30	7	
P.M. Snack/				
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 comfortable at one time? 150  
B. Is there shift feeding?  Yes  No  
C. Indicate how many staff will directly supervise the meal service.

3 to 4

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.

Erica Reynolds, Site Rep. 03/17/2020

Name/Title of Site Rep. Signature Date

Name/Title Authorized Sponsor/Rep. Signature Date

Erica Reynolds 3/12/2020

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 534  
TRENTON, NJ 08625-0534

Date prepared by sponsor: 5/30/2020

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 08607
6. Telephone Number 609-988-3161
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. Types of meal service: (check one)
  - A. Self-Preparation/On Site
  - B. Central Kitchen
  - C. Vended-Packaged
  - 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  
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 FSAC)

17. Site Operating Dates

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

Meal Service Notes:

Days of Operation:	<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday
	<input checked="" type="checkbox"/> Thursday	<input checked="" type="checkbox"/> Friday	<input type="checkbox"/> Saturday
			<input type="checkbox"/> Sunday

18. Site Number of Operating Days (Meals 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

**SITE INFORMATION SHEET**

19. TYPES OF MEALS SERVED		STATE USE ONLY		
Estimate # Children Daily	Serving Time	# of meals served	AM/MS	Delivery
BREAKFAST	15	9 a.m.		
AM. Supper				
LUNCH	15	12 p.m.		
P.M. Supper				
DINNER				

Note: Residential and non residential camps estimate ELIGIBLES only

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 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 held meals until completion of meal service.

1 Cooler(s) 1 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 5/30/2020 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 RELIGION.

Name/Title of Site Rep. M. Richardson Signature M. Richardson Date 5/30/2020

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

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 354  
TRENTON, NJ 08625-0354

1. Sponsor Name	City of Trenton
2. Agreement Number	11-0107
3. Site Name	Roberts Clemente Park
4. Street Address	Perry Street
5. City, State, Zip Code	Trenton, NJ 08609
6. Telephone Number	609-369-3161
7. Name of Site Supervisor	
8. Type of Site (check one)	9. Types of meal service (check one)
<input checked="" type="checkbox"/> A. Open	<input type="checkbox"/> A. Self-Preparation/On Site
<input type="checkbox"/> B. Enrolled/Area Eligible	<input type="checkbox"/> B. Central Kitchen
<input type="checkbox"/> C. Enrolled/Non-Area Eligible	<input checked="" type="checkbox"/> C. Vended-Packaged
<input type="checkbox"/> D. Migrant	<input type="checkbox"/> D. Food Service Mgt. Co.
<input type="checkbox"/> E. Residential Camp	<input type="checkbox"/> E. School Contract
<input type="checkbox"/> F. Homeless	
10. If answer to 8 is A, B, C or D, check on of the following to document that the site is in an area in which poor economic conditions exist (at least 60% needy children, see procedures)	
<input type="checkbox"/> A. Census Tract Data (attach copy)	
<input checked="" type="checkbox"/> B. School Survey Data	
Indicate specific school(s) nearest to the site address school year 9th Grade Academy, 500 Perry Street, Trenton, NJ 08609	
<input type="checkbox"/> C. Enrollment Documentation	
11. Indicate other United States Department of Agriculture (USDA) programs in which this site participates	
<input type="checkbox"/> School Breakfast Prog. <input type="checkbox"/> Na'l School Lunch Prog. <input checked="" type="checkbox"/> None	
<input type="checkbox"/> Child Care Food Prog. <input type="checkbox"/> Food Distribution Prog. <input type="checkbox"/> Other	
Note: Site may not receive simultaneous funding from more than one USDA program	
12. Does this site operate year round? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Is this a Day Care Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, complete Day Care Center Form.	
14. Indicate if this is a HUD or Rural Development site. <input type="checkbox"/> HUD <input type="checkbox"/> RD <input checked="" type="checkbox"/> N/A	
15. Is there regularly scheduled organized activity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
16. Name and Address of Food Preparation Facility. (Self Prep and FSCMC)	
17. Site Operating Dates Beginning 7/6/20 Closing 8/21/20	
Meal Service Notes: Days of Operation: <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
18. Site Number of Operating Days (Meals Served to Children) June ____ July 20 Aug. 15 Sept. ____ Total Days 36 (Residential Camps and Colleges Only) Check # open ____ Sat ____ Sun Total # Sat/Sun 0 [(Indicate Sat/Sun dates of operation (month/day))]	
Closed on Wednesday, July 4th	

Date prepared by sponsor: 3/20/2020

**SITE INFORMATION SHEET**

19. TYPES OF MEALS SERVED		STATE USE ONLY		
Estimate # Children Daily	Serving Time	# of Meals Served	AM/PM	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 ELIGIBLES only

20. In Inclement Weather site will be: Check one. <input type="checkbox"/> Open <input checked="" type="checkbox"/> 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 still feeding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> 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 RELIGION.

Name/Title of Site Rep.	Signature	Date
<u>Maria Richardson</u>	<u>Marie Richardson</u>	<u>3/20/2020</u>
Name/Title of Authorized Sponsor Rep.	Signature	Date
Maria Richardson Recreation Director, City Of Trenton	<u>Maria Richardson</u>	<u>3/20/2020</u>
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		
1.	Sponsor Name	City of Trenton		
2.	Agreement Number	11-0107		
3.	Site Name	Oats Integrated Care		
4.	Street Address	1320 New Willow Street		
5.	City, State, Zip Code	Trenton, NJ 08630		
6.	Telephone Number	609-396-0800		
7.	Name of Site Supervisor	Caitlin Fair		
8. Type of Site (check one)		9. Types of meal service (check one)		
<input type="checkbox"/> A. Open		<input type="checkbox"/> A. Self-Preparation/On Site		
<input checked="" type="checkbox"/> B. Enrolled/Area Eligible		<input type="checkbox"/> B. Central Kitchen		
<input type="checkbox"/> C. Enrolled/Non-Area Eligible		<input checked="" type="checkbox"/> C. Vended/Prepackaged		
<input type="checkbox"/> D. Migrant		<input type="checkbox"/> D. Food Service Mgt. Co.		
<input type="checkbox"/> E. Residential Camp		<input type="checkbox"/> E. School Contract		
<input type="checkbox"/> F. Homeless				
10. If answer to B is A, B, C or D, check on of the following to document that site is an area in which poor economic conditions exist (at least 50% needy children, see procedures)				
<input type="checkbox"/> A. Census Tract Data (attach copy)				
<input checked="" type="checkbox"/> B. School Survey Data				
Indicate specific school(s) nearest to the site address school year 9th Grade Academy, 500 Perry Street Trenton 08609				
<input type="checkbox"/> C. Enrollment Documentation				
11. Indicate other United States Department of Agriculture (USDA) programs in which this site participates				
<input type="checkbox"/> School Breakfast Prog.		<input type="checkbox"/> Nat'l School Lunch Prog.		<input checked="" type="checkbox"/> None
<input type="checkbox"/> Child Care Feed Prog.		<input type="checkbox"/> Food Distribution Prog.		<input type="checkbox"/> Other
Note: Site may not receive simultaneous funding from more than one USDA program				
12. Does this site operate year round? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
13. Is this a Day Care Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, complete Day Care Center Form.				
14. Indicate if this is a HUD or Rural Development site.				
<input type="checkbox"/> HUD <input type="checkbox"/> RD <input checked="" type="checkbox"/> N/A				
15. Is there regularly scheduled organized activity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
16. Name and Address of Food Preparation Facility: (Self Prep and FSCMC)				
17. Site Operating Dates Beginning <u>7/6/20</u> Closing <u>8/21/20</u>				
Meal Service Notes:				
Days of Operation: <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday				
<input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
18. Site Number of Operating Days (Meals Served to Children)				
June <u>      </u> July <u>20</u> Aug. <u>15</u> Sept. <u>      </u> Total Days <u>35</u>				
(Residential Camps and Colleges Only)				
Check if open <u>      </u> Sat <u>      </u> Sun Total Sat/Sun <u>0</u>				
(Indicate Sat/Sun dates of operation (month/day))				
Closed on Wednesday, July 4th				

Date prepared by sponsor: *3/17/2008*

**SITE INFORMATION SHEET**

19. TYPES OF MEALS SERVED			STATE USE ONLY		
Eligibles & Children Served	Serving Time	0 of meals required	ALMS	Delivery	
BREAKFAST	20	10:45 a.m.			
A.M. Supplement					
LUNCH	20	12:00 p.m.			
P.M. Supplement					
DINNER					

Note: Residential and non residential camps estimate ELIGIBLES only

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 held meals until completion of meal service.

1 Cooker(s) 1 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. Signature Date

Caitlin Fair Signature 3/17/20

Name/Title of Authorized Sponsor Rep. Signature Date

Corinne Jan D'Addio Signature 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 (1. Schid)	
4. Street Address	500 Smith St	
5. City, State, Zip Code	Trenton NJ 08611	
6. Telephone Number	(609) 631-4009	
7. Name of Site Supervisor		
8. Type of Site (check one)	<input checked="" type="checkbox"/> A. Open <input type="checkbox"/> B. Enrolled / Area Eligible <input type="checkbox"/> C. Enrolled / Non-Area Eligible <input type="checkbox"/> D. Migrant <input type="checkbox"/> E. Residential Camp <input type="checkbox"/> F. Homeless	
9. Type of meal service: (check one)	<input type="checkbox"/> A. Self-Preparation / On Site <input type="checkbox"/> B. Central Kitchen <input checked="" type="checkbox"/> C. Vended-Packaged <input type="checkbox"/> D. Food Service Mgt. Co. <input type="checkbox"/> 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)	<input type="checkbox"/> A. Census Tract Data (attach copy) <input checked="" type="checkbox"/> B. School Survey Data Indicate specific school(s) nearest to the site address school year _____	
11. Indicate other United States Department of Agriculture (USDA) programs in which this site participates.	<input type="checkbox"/> School Breakfast Prog. <input type="checkbox"/> Nat'l School Lunch Prog. <input checked="" type="checkbox"/> None <input type="checkbox"/> Child Care Food Prog. <input type="checkbox"/> Food Distribution Prog. <input type="checkbox"/> Other	
NOTE: Sites may not receive simultaneous funding from more than one USDA program.		
12. Does this site operate year round? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13. Is this a Day Care Center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Day Care Center Form.		
14. Is there regularly scheduled organized activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Name and Address of Food Preparation Facility: (Self Prep and FSMC)		
16. Site Operating Dates Beginning <u>8/1/2020</u> Closing <u>8/17/2020</u>		
17. Site Number of Operating Days (Meals Served to Children): June _____ July _____ Aug. _____ Sept. _____ Total Days <u>5</u> (Residential Camps & Colleges Only)		
Check if open <input type="checkbox"/> Sat <input type="checkbox"/> 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 approved	ALMS
BREAKFAST				
AM				
Supervisor				
LUNCH	150	12:00		
PM				
Supervisor				
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 comfortable 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 Refrigerator

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 3/27/2020 / 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 Catie Blue - Director Signature 3-27-2020 DateName/Title Authorized Sponsor/Rep. Catie Blue - Director Signature 3-27-2020 DateSTATE AGENCY USE ONLY: 3-27-20Percentage of children verified as eligible for free and reduced priced meals 50 % 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 <sup>2</sup>	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 <sup>2</sup>	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 <sup>2</sup>	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 meal/meat alternate	1 oz. 1 oz. 1 oz. 1/2 large 1/4 cup 2 Tbsp. 1 oz. 4 oz.	lean meat or poultry or fish <sup>3</sup> 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 or 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.

Sponsor CITY OF TRENTON

Agreement #

Telephone (609) 899-3361

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/DAT/YR

## 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 F A S T	1. Juice or Fruit or Vegetable (2)	FRESH PEACH	1/2 c 4 oz.	FRESH PLUM	1/2 c 4 oz.	FRESH BANANA	1/2 c 4 oz.	FRESH PEACH	1/2 c 4 oz.	FRESH STRAWBERRY	1/2 c 4 oz.
	2. Bread or Bread Alternate (3)	APPLE CINNAMON CHEERIOS	1 serv.	BANANA MUFFIN	1 serv.	CHEERIOS	1 serv.	BANANA MUFFIN	1 serv.	MULTICRAIN 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 E L E C T I O N	1. Milk		8 ozs.		8 ozs.		8 ozs.		8 ozs.		8 ozs.
	2. Juice or Fruit or Vegetable (2)		2/4 c 16 ozs.		2/4 c 16 ozs.		2/4 c 16 ozs.		2/4 c 16 ozs.		2/4 c 16 ozs.
	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)	SLICED CHICKEN	2 ozs.	TURKEY HAM & AMERICAN CHEESE	2 ozs.	CHICKEN SALAD	2 ozs.	BEEF Bologna & CHEDDAR CHEESE	2 ozs.	TURKEY BREAST	2 ozs.
	2. Juice or Fruit or Vegetable (2)	ORANGE JUICE	1/2 c 4 ozs.	APPLE JUICE	1/2 c 4 ozs.	GRAPE JUICE	1/2 c 4 ozs.	APPLE JUICE	1/2 c 4 ozs.	ORANGE JUICE	1/2 c 4 ozs.
	3. Fruit or Vegetable	CANTALOPE	1/4 c 2 ozs.	FRESH NECTARINE	1/4 c 2 ozs.	FRESH STRAWBERRIES	1/4 c 2 ozs.	NECTARINE	1/4 c 2 ozs.	HONEY DEW MELON	1/4 c 2 ozs.
	4. Bread or Bread Alternate (3)	WHOLE GRAIN WHITE BREAD	1 serv.	WHOLE WHEAT ROLL	1 serv.	BAKED 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 R O T E I N G	1. Milk		8 ozs.		8 ozs.		8 ozs.		8 ozs.		8 ozs.
	2. Juice or Fruit or Vegetable (2)		2/4 c 16 ozs.		2/4 c 16 ozs.		2/4 c 16 ozs.		2/4 c 16 ozs.		2/4 c 16 ozs.
	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.
	5. Milk		8 ozs.		8 ozs.		8 ozs.		8 ozs.		8 ozs.

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

(1) Cold cut meats with high water content,  
ie "Bolis" - Turkey Roll meat = 2.5 ozs.

(2) Sandwiches require 2 servings of  
bread.

(3) Peanut butter meat = 4 tablespoons.

(3) Cold dry cereal meat = 1/4 cup.

## COMPONENT

(1) COLD CUT MEAT OR COLD MEAT SALAD = 0 oz.  
(2) HOT COOKED MEAT = 1/2 oz.Sponsor City of Trenton  
Agreement #         
Telephone 609-259-1161NEW JERSEY DEPARTMENT OF AGRICULTURE  
DIVISION OF FOOD & NUTRITION  
SUMMER FOOD SERVICE PROGRAM  
PO BOX 134  
TRENTON NJ, 08625-0334STATE AGENCY USE ONLY  
Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_ MO/DAY/YR

## SCHEDULE C

## TEN DAY MENU PLANNER

WEEK 1  2 

		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 F A S T	1. Juice or Fruit or Vegetable (3)	APPLE JUICE	1/2 c 6oz.	FRUIT PUNCH JUICE	1/2 c 6oz.	FRESH BANANA	1/2 c 6oz.	FRESH GRAPES	1/2 c 6oz.	ORANGE JUICE	1/2 c 6oz.
	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 oz.	FAT FREE STRAWBERRY MILK	8 oz.	1% WHITE MILK	8 oz.	FAT FREE CHOCOLATE MILK	8 oz.	1% WHITE MILK	8 oz.
A M B A L E G T E	1. Milk		8 oz.		8 oz.		8 oz.		8 oz.		8 oz.
	2. Juice or Fruit or Vegetable (2)		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.
	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 oz.	BEEF PASTRAMI & AMERICAN CHEESE	2 oz.	TURKEY SALAMI	2 oz.	CORNED BEEF & SWISS CHEESE	2 oz.	TUNA SALAD	2 oz.
	2. Juice or Fruit or Vegetable (2)	ORANGE JUICE	1/2 c 6oz.	APPLE JUICE	1/2 c 6oz.	GRAPE JUICE	1/2 c 6oz.	FRUIT PUNCH 100% JUICE	1/2 c 6oz.	LETTUCE & TOMATOES	1/2 c 6oz.
	3. Fruit or Vegetable	LETTUCE AND TOMATOES	1/4 c 4oz.	FRESH PLUM	1/4 c 4oz.	COLESLAW	1/4 c 4oz.	WATERMELON	1/4 c 4oz.	FRESH PEACH	1/4 c 4oz.
	4. Bread or Bread Alternate (3)	WHOLE GRAIN/WHITE BREAD	1 serv.	WHOLE WHEAT BREAD	1 serv.	WHOLE WHEAT BREAD	1 serv.	KAISER ROLL	1 serv.	WHOLE WHEAT BUN	1 serv.
	5. Milk	FAT FREE STRAWBERRY MILK	8 oz.	1% WHITE MILK	8 oz.	1% WHITE MILK	8 oz.	FAT FREE STRAWBERRY MILK	8 oz.	1% WHITE MILK	8 oz.
P R E L E G T E	1. Milk		8 oz.		8 oz.		8 oz.		8 oz.		8 oz.
	2. Juice or Fruit or Vegetable (2)		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.
	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 I N E R	1. Meat or Meat Alternate (1)		2 oz.		2 oz.		2 oz.		2 oz.		2 oz.
	2. Juice or Fruit or Vegetable (2)		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.		1/2 c 6oz.
	3. Fruit or Vegetable		1/4 c 2oz.		1/4 c 2oz.		1/4 c 2oz.		1/4 c 2oz.		1/4 c 2oz.
	4. Bread or Bread Alternate (3)		1 serv.		1 serv.		1 serv.		1 serv.		1 serv.
	5. Milk		8 oz.		8 oz.		8 oz.		8 oz.		8 oz.

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

(1) Cold cut meat with high water content.  
"Roul" = Turkey Roll meat = 1.5 oz.  
(2) Sandwiches require 2 servings of bread.(3) Sandwiches require 2 servings of bread.  
(4) Cold cuts served meat = 1/2 oz.