



SUMMER MEALS SITE APPLICATION

Name of Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Site Phone Number: _____ E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Site Supervisor: _____ Title: _____

Work Number: _____ Cell Number: _____

Fax: _____ E-mail Address: _____

Alternate Contact: _____ Title: _____

Work Number: _____ Cell Number: _____

Fax: _____ E-mail Address: _____

Start Date of Program: _____ End Date of Program: _____

Holiday Closings: *Please attach a list or calendar of days.*

Expected Average Daily Attendance of Summer Program: _____

Age range of children being served: _____ to _____

What days will your site serve meals? *(Check the days that apply)*

- Monday Tuesday Wednesday Thursday Friday

Name of Nearest School? _____

Meal Service Selection *(Please check the meal(s) you would like to serve and the times you will serve these meals. We can only provide a maximum of TWO meals.)*

Breakfast: *time (beginning)* _____ - *(end)* _____

Lunch: *time (beginning)* _____ - *(end)* _____

Snack: *time (beginning)* _____ - *(end)* _____

Where will this meal service be served? Indoors Outdoors Both

Percentage of Meal Plans from Nearest School

FREE	REDUCED	PAID

Please contact the school's child nutrition department if you are unsure.

Yes No Does this organization participate in any other United States Department of Agriculture (USDA) programs? *If yes, please list the program(s) below:*

Yes No Is this site a partner agency of the Feeding the Gulf Coast? *If yes, what is the agency number?* _____

Yes No Do you perform background checks on your employees and volunteers that come in direct contact with children? *If no, please explain the process of hiring employees and volunteers:*

Yes No Do you maintain medical files on children with food allergies?

Size of Site: *Choose one.*

- Small (*Fewer than 25 kids*)
- Medium (*25-50 kids*)
- Large (*50-100 kids*)
- XL (*100+ kids*)

When I receive my delivery, the driver will have: *Check all that apply.*

- Dock
- Ramp
- Double Doors
- Single Door
- Stairs

Size of Storage Space: *Choose one.*

- Small (*Cabinet or small closet*)
- Medium (*3 cabinets or pantry*)
- Large (*Room or walk-in pantry/closet*)

The following attachments are required for application to be considered complete:

- Detailed Copy of Program Description _____
- Letter of Support from Board of Directors, Pastor or Superintendent _____
- Child Care Facility License, Food Permit, Fire Marshall or Dept. of Health Inspection _____
- Calendar of Holiday Closures/Field Trips _____

Site Supervisor Signature: _____ Date: _____

This application is not a guarantee of participation in the Summer Meals Program. Feeding the Gulf Coast reserves the right to terminate any site found to be noncompliant with regulations.

All Summer Meals Program sites must adhere to the following statement:

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

CONTACT:

Mary Clare Tortorice, *Child Nutrition Programs Manager*
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. **This institution is an equal opportunity provider.**