

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 Afterschool Program: _____

Age range of children being served: _____ to _____

Afterschool Meal Time: _____ to _____

Hours of Operation *(only include hours pertaining to the afterschool program)*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Name of Nearest School *(if site is not a school)?* _____

Percentage of Meal Plans from Nearest School:

FREE	REDUCED	PAID

Yes No Has this site participated in any other federal child nutrition program? *If yes, list sponsor, program and year(s) of participation:*

Sponsor: _____

Program(s): _____ Year(s): _____

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 maintain medical files on children with food allergies?

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

- County Health Department or Fire Department Inspection _____
- Detailed Copy of Program Description _____
- Letter of Support from Board of Directors, Pastor or Principal _____
- Letter Stating Background Checks take place from Board of Directors, Pastor or Principal _____
- Calendar of Holiday Closures/Field Trips _____

Site Supervisor Signature: _____ Date: _____

This application is not a guarantee of participation in the 2019-2020 Afterschool Meal Program. Feeding the Gulf Coast reserves the right to terminate any site found to be noncompliant with Child and Adult Care Food (CACFP) regulations. Feeding the Gulf Coast reserves the right to place any partner agency's CACFP application/snack service on hold if the member agency is found to have a delinquent account with the food bank.

All CACFP programs 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. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

CONTACT:

Jessica Leggett, Child Nutrition Programs Manager
Phone: (850) 626-1332 ext. 203 | E-mail: jleggett@feedingthegulfcoast.org

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, audiotope, 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.**