

MEAL SITE APPLICATION 2024-25

Address:				
City:			_ State:	_ Zip:
Site Phone Number	:	E-mail <i>A</i>	Address:	
Mailing Address:				
City:			_ State:	_ Zip:
Site Supervisor:			Title:	
Work Number:		Cell Nun	nber:	
Fax:	E	-mail Address:		
Alternate Contact:			Title:	
Work Number:		Cell Num	ber:	
Fax:	E	-mail Address:		
			. –	
			ate of Program:	
	ease attach a list or calend	,		
	Daily Attendance of At			
Age range of childr	en being served:	to		
Afterschool Meal Ti	me:	_ to		
Hours of Operation	only include hours pertain	ning to the afterschool prog	gram)	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	chool (if site is not a school			
FREE	REDUCED	PAID		
☐ Yes ☐ No	Has this site particip		eral child nutrition	program? If yes, list sponsor,
	, ,	,		
Chancar				
Sponsor:				

☐ 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?	
- Count - Detail - Letter	ty Health Dep led Copy of P r of Support f Stating Back	partment or Fire Department Inspection rogram Description from Board of Directors, Pastor or Principal ground Checks take place from Board of Directors, Pastor or Principal y Closures/Field Trips	
Site Sup	pervisor Signa	ature: Date:	
right to te	erminate any site	guarantee of participation in the 2024-2025 Afterschool Meal Program. Feeding the Gulf Coast reserves the e found to be noncompliant with Child and Adult Care Food (CACFP) regulations. Feeding the Gulf Coast e any partner agency's CACFP application/snack service on hold if the member agency is found to have a the food bank.	
All CAC	FP programs	must adhere to the following statement:	
basis of ro 1400 Inde impaired	ace, color, nationa pendence Avenu or have speech	al Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the al origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, e, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 al opportunity provider and employer.	

CONTACT:

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