

## MEAL SITE APPLICATION 2024-25

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 Addre	SS:		
Alternate Contact:		_ Title:	
Work Number:	Cell Number:		
Fax: E-mail Addre	SS:		
Start Date of Program:	End Date of Pro	gram:	
Holiday Closings: Please attach a list or calendar of days.			
Expected Average Daily Attendance of Afterschool P	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 participa program and year(s) of par	-	ral child nutrition program?
Sponsc	or:			
Program	m(s):			Year(s):

Yes	🛛 No	Does this organization participate in any other United States Department of Agriculture (USDA) programs? <i>If yes, please list the program(s) below:</i>		
🛛 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 fol	lowing attacl	hments are required for application to be considered complete:		
- Detai - Lette - Letter	led Copy of F r of Support f Stating Back	partment or Fire Department Inspection Program Description from Board of Directors, Pastor or Principal ground Checks take place from Board of Directors, Pastor or Principal ay Closures/Field Trips		

Site Supervisor Signature: \_\_\_\_\_

Date:

This application is not a guarantee of participation in the 2024-2025 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:

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## CONTACT:

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

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