

## MEAL SITE APPLICATION 2024-25

Address:	Name of Site:				
Site Phone Number:	Address:				
Mailing Address:				_ State:	Zip:
City:	Site Phone Number	:	E-mail <i>A</i>	Address:	
Site Supervisor:	Mailing Address:				
Work Number:	City:			_ State:	Zip:
Work Number:	Sita Suparvisar			Titlo	
Fax: E-mail Address:					
Alternate Contact:					
Work Number: Cell Number: E-mail Address: End Date of Program: End Date of Program: End 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	gx	L-	man Address.		
Start Date of Program: End Date of Program:	Alternate Contact: _			Title:	
Start Date of Program:	Work Number:		Cell Numb	oer:	
Expected Average Daily Attendance of Afterschool Program:  Age range of children being served:  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:	Fax:	E-	mail Address:		
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:	Age range of childre Afterschool Meal Tir	en being served: me: (only include hours pertain	to _ to ing to the afterschool prog	ram)	
Percentage of Meal Plans from Nearest School:  FREE  REDUCED  PAID  Ves  No  Has this site participated in any other federal child nutrition program? If yes, list sponsor program and year(s) of participation:  Sponsor:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
☐ Yes ☐ No Has this site participated in any other federal child nutrition program? If yes, list sponsor program and year(s) of participation:  Sponsor:	Percentage of Meal	Plans from Nearest So	chool:	]	
program and year(s) of participation:  Sponsor:	FREE	KEDUCED	PAID	_	
Program(s):	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 foll	owing attach	ments are required for application to be considered complete:		
- Detaile - Letter - Letter	ed Copy of Pr of Support fr Stating Backg	artment or Fire Department Inspection ogram Description om Board of Directors, Pastor or Principal pround Checks take place from Board of Directors, Pastor or Principal or Closures/Field Trips		
Site Supervisor Signature:		ature: Date:		
right to te	erminate any site	quarantee of participation in the 2024-2025 Afterschool Meal Program. Feeding the Gulf Coast reserves the found to be noncompliant with Child and Adult Care Food (CACFP) regulations. Feeding the Gulf Coast 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:		
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:**

**Amanda Reyer,** Child Nutrition Programs Manager

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