

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:*

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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:*

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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 Principal \_\_\_\_\_
- 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:**

**Jessica Leggett**, Child Nutrition Programs Manager  
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