

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: start time: \_\_\_\_\_ - end time: \_\_\_\_\_

Lunch: start time: \_\_\_\_\_ - end time: \_\_\_\_\_

Snack: start time: \_\_\_\_\_ - end time: \_\_\_\_\_

Where will this meal service be served?  Indoors  Outdoors  Both

**Percentage of Meal Plans from Nearest School**

FREE	REDUCED	PAID

*\*=Required field. If the information is not received, this application will be considered incomplete.*

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 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:*

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:**

**Amanda Reyer**, Alabama Child Nutrition Programs Manager  
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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, audiotape, 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](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](mailto:program.intake@usda.gov). **This institution is an equal opportunity provider.**