

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 Afterschool Program: _____

Age range of children being served: _____ to _____

Hours of Operation *(Please list the times of operation under the appropriate days.)*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Name of Nearest School? _____

Percentage of Meal Plans from Nearest School

FREE	REDUCED	PAID

Please contact the school's child nutrition department if you are unsure.

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 []	LUNCH []	SNACK []

Where will this meal service be served? Indoors Outdoors Both

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?

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 Food Service Program. Feeding the Gulf Coast reserves the right to terminate any site found to be noncompliant with SFSP regulations.

All SFSP 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.

CONTACT:

Jessica Leggett, Florida Child Nutrition Coordinator
Phone: (850) 626-1332 ext. 2103 | E-mail: jleggett@feedingthegulfcoast.org

Site Name: _____

Hours of Operation of the Center (ex. M-F: 8 a.m.-3 p.m.): _____

Best Time of Day for Delivery (Please check a box): Morning Midday Afternoon Anytime

Best Day of the Week for Delivery: _____

Point of Contact for Delivery: _____

Phone Number: _____

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)