

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 \_\_\_\_\_

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: \_\_\_\_\_

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:*

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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?

**The following attachments are required for application to be considered complete:**

- County Health Department Inspection \_\_\_\_\_
- Detailed Copy of Program Description \_\_\_\_\_
- Letter of Support from Board of Directors, Pastor or Principal \_\_\_\_\_
- Calendar of Holiday Closures/Field Trips \_\_\_\_\_

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

*This application is not a guarantee of participation in the 2018-2019 Child and Adult Care Food Program (CACFP). Feeding the Gulf Coast reserves the right to terminate any site found to be noncompliant with 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:

*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:**

**Tonette Sullivan**, Alabama Child Nutrition Programs Manager  
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