

DC Department of Parks and Recreation
DC Free Summer Meals Program – Application for RETURNING SITES ONLY

Please submit **ONE** application for each participating site

Name of Sponsoring Agency:	DC Department of Parks and Recreation		
Site Name:		WARD #	
Address: (Street, City, Zip Code)			
Contact Name/Tel. No.			
Email Address:			
Fax #:			
Has this site previously participated in the DC FSMP?	<input type="checkbox"/> Yes	Year: _____	<input type="checkbox"/> No

1. Organized and supervised system for serving meals	
Duty	Name of Person(s) Performing the Duty
Supervisor	
Food Manager	
Serve meals	
Record point of service/meal counts	
Clean up	

2. a. Type of site:	<input type="checkbox"/> Open Site	<input type="checkbox"/> Closed/Enrolled	<input type="checkbox"/> Open/Restricted
b. Food service:	<input checked="" type="checkbox"/> Vended By: Preferred Meal Systems	<input type="checkbox"/> Self-Prep	
c. Meal Time: (AM or PM)	<input type="checkbox"/> Breakfast:	Time:	<input type="checkbox"/> Lunch
			Time:
3a. # of Children Served Daily: (ESTIMATED)	Breakfast - _____ Lunch - _____ <i>(Please submit food safety certificates and/or licenses). Licenses must not be expired.</i>		
3b. Does this site serve homeless children?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, provide below, sufficient information to indicate that the site is not a residential child care institution.			
4. Area Eligible School: (Closest public school to your site).			Free and reduced price %: DPR USE ONLY
5. Start Date and End Date of participation with DPR:			# of days operating, excluding weekends and holidays:

CERTIFICATION AND STATEMENT OF ASSURANCE: I certify that the information submitted on this Application, including attachments, is true and correct and am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes. I assure that all children will be served the same meals, that there will be no discrimination in the course of the food service, and that if not a camp, the meals served will be free at all sites.

*** Original Signature Is Required. Typewritten signatures will not be accepted.**

Signature of Authorized Meal-Site Representative

Date

DPR Sponsor

Date