

Department of Parks and Recreation  
Free Summer Meals Program – Application for **NEW SITES ONLY**

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

<b>Name of Sponsoring Agency:</b>		Department of Parks and Recreation	
<b>Site Name:</b>		<b>WARD #</b>	
<b>Address: (Street, City, Zip)</b>		DC	
<b>Contact Name/Tel. No.</b>		Tel. #	
<b>Email Address:</b>		<b>Fax #</b>	
<b>Has this site previously participated in the FSMP?</b>		<input type="checkbox"/> Yes      Indicate Year(s): <input type="checkbox"/> No	
<b>1. Organized and supervised system for serving meals</b>			
<b>Duty</b>		<b>Name of Person(s) Performing the Duty</b>	
Supervisor/ Food Manager			
Serve meals			
Record point of service/meal counts			
Clean up			
<b>2. Describe arrangements within standards prescribed by State or local health authorities, for delivery and holding of meals until time of meal service and arrangements for storing and refrigerating any leftover meals until the next day.</b>			
<b>3. Describe arrangements for food service during periods of inclement weather.</b>			
<b>4. What access to a means of communication is available for making necessary adjustments in the number of meals delivered in accordance with the daily number of children attending the site?</b>			
<b>5. a. Type of site:</b>		<input type="checkbox"/> Open Site    Please check <input checked="" type="checkbox"/> <b><i>Please note: Open Site indicates that a site has to provide meals to any child under the age of 18 who came to the site during reimbursable program meal times.</i></b>	
<b>b. Food service:</b>		<input checked="" type="checkbox"/> Vended By: Revolution Foods	
<b>c. Meal Time: (AM or PM)</b>		<input type="checkbox"/> Breakfast Range: Ex. 9 – 10 am	<input type="checkbox"/> Lunch Range: Ex. 12 – 2 pm
<b>6a. # of Children Served Daily for:</b>		<b>Breakfast (indicate # of breakfast meals)      Lunch (Indicate # of lunch meals) -</b> <b><i>(Please submit certificate of occupancy form and valid food safety certificates or licenses).</i></b>	
<b>6b. Does this site serve homeless children?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If Yes, provide below, sufficient information to indicate that the site is not a residential child care institution.</b>			
<b>7. (What is the closest public school to your site). Charter Schools not accepted.</b>		<b>Free and reduced price %: DPR USE ONLY</b>	
<b>8. Start Date and End Date of Participation:</b>		<b># of days operating, excluding weekends and holidays:</b>	

**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