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, Zip Code*)	Zip Code		
Contact Name		Telephone #	
Email Address:			
Fax #:			
Has this site previously participated in the DC FSMP?	☐ Yes Year:	☐ 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:	☐ Open Site (Please check) ☑	***Please note: Open Site indicates that a site has to provide meals to any child under the age of 18 who came during reimbursable program meal times.***		
b. Food service:	■ Vended By: Revolution Foods			
c. Meal Time: (AM or PM)	☐ Breakfast:	**Time: (Ex. 9 – 10 am)**	☐ Lunch	**Time: (Ex. 12 – 2 pm)**
3a. # of Meals Served Daily: (ESTIMATED)	Breakfast - Lunch - *(Please submit food safety certificates and/or licenses). Licenses must not be expired.*			
3b. Does this site serve homeless children?	☐Yes ☐ No			
If Yes, provide below, sufficient information to indicate that the site is not a residential child care institution.				
4. What is the **c**losest public school to your site**)? (Public Charter Schools not accepted)**			**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.***

_____ _____
Contact Person ***Date***

_____ _____
DPR Sponsor ***Date***