

**Department of Parks and Recreation
2016 DC FREE SUMMER MEALS PROGRAM
INTENT TO PARTICIPATE FORM**

Sponsoring Organization: _____

Site Name _____ # of Sites _____

Contact Person/ Title _____

Address _____ Ward: _____

Telephone # _____ Email Address _____

Activities Offered _____

DPR Dates of Operation Monday, June 17, 2016 to Friday, August 19, 2016

Operating: Start Date _____ End Date _____ # of Days _____

Will you operate on weekends &/or holidays? _____

I will operate as an Open Site. _____

Please note: Open Site indicates that a site has to provide meals to ANY child under the age of 18 who enter during reimbursable program meal times.

Month(s)	Estimated Operating days per month	Estimate of Children served per day	Breakfast	Lunch	Snack	Supper
June						
July						
August						
Totals						

Completion of this form does not obligate site(s) to participate in the DC Free Summer Meals Program for 2016. The primary purpose of this form is to utilize the data to provide preliminary information to the USDA and the Division of Wellness and Nutrition Services on the number of potential sites for summer 2016. Thank you for your interest and continued assistance in providing the children of DC with nutritious meals in a safe environment during the summer.

If you have any questions, please contact Angela Bates at 202-576-7622 or via email at angela.bates@dc.gov.

Site Representative Signature

Date