

Department of Parks and Recreation
DC Free Summer Meals Program Application

Please submit ONE application for each participating site. Please complete in its entirety.

Name of Sponsoring Agency:		Department of Parks and Recreation	
Site Building/Program:		WARD #	
Address: (Street, Zip)		DC	Zip Code
Contact Name/Tel. No.		Tel. #	
Email Address:		Fax #	
1. Organized and supervised system for serving meals			
DUTY		NAME OF PERSON PERFORMING EACH DUTY	
Who is the Supervisor/ Food Manager			
Who will serve meals			
Who will record point of service/meal counts?			
Who will clean up?			
2. Describe arrangements within standards prescribed by State or local health authorities, for the holding of meals until time of meal service and arrangements for storing and refrigerating any leftover meals until the next day.			
3. Describe arrangements for food service during periods of inclement weather.			
4. What method of communication will be used to make necessary adjustments to the number of meals delivered to the site to ensure the meals delivered does not exceed the daily number of children attending the site for each meal service?			
5. a. Type of site:		<input type="checkbox"/> Open Site <input type="checkbox"/> Closed Site	
b. Food service:		<input checked="" type="checkbox"/> Vended By:	
c. Meal Time: (AM or PM)		<input type="checkbox"/> Breakfast Range: (Ex. 8:30 – 9:30 am) <input type="checkbox"/> Lunch Range: (Ex. 12:30 – 2:30 pm) <input type="checkbox"/> Snack Range: (Ex. 3:30 – 4:30 pm)	
Days of Participation:		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Start Date and End Date of Participation: <small>Provide the number of days operating, excluding weekends and holidays:</small>		List Activities Your Site Provide:	
6a. Number Of Children Served Daily for: <small>Please choose one or two items.</small>		Breakfast	Lunch Snack
6b. Does this site serve homeless children?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>If Yes, provide below, sufficient information to indicate that the site is not a residential childcare institution.</u>			
7. What is the closest school to your site?		Free/Reduced price %: (DPR USE ONLY)	
8. Provide a copy of valid food handler certifications. List expiration date and name of each certificate holder:			

CERTIFICATION AND STATEMENT OF ASSURANCE: I certify that the information submitted on this Application, including attachments, is true and correct and I 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. Type written signatures will not be accepted.

Signature of Authorized DPR Meal-Site Representative _____

Print Name _____

Date _____

Signature of DPR Sponsor _____

Date _____