DC Department of Parks and Recreation
DC Free Summer Meals Program

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

Sponsoring Agency:	**DC 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 are 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. a. Type of Site:	☐ Open Site	☐ Closed/Enrolled Site	
b. Meal Time: **Please choose one or two items.**	☐ Breakfast Range: (Ex. 9am – 10 am)	☐ Lunch Range: (Ex. 12pm – 2 pm)	☐Snack Range: (Ex. 3:40pm – 4:30 pm)

4. Number of children served daily for: **Please choose one or two items.**	**Breakfast**	**Lunch**	**Snack**

Days of Participation: ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

5. a. Does your site participate in any other federal child nutrition programs or Other Sponsor: ☐Yes ☐No
Check all that apply: ☐ CACFP (Child Care) ☐ CACFP (At Risk) ☐ NSLP **Other Sponsor name:**

b. If yes, did you participate as a ☐Site ☐Sponsor?
If you participated as a site, what organization was your sponsor?

6. Was your organization previously declared seriously deficient in the child nutrition program? ☐ Yes ☐ No

7. Did this site participate in the Summer Food Service Program last year as a ☐Site ☐Sponsor ☐ With DPR

8. Start Date and End Date of Participation for Summer 2018:
Provide the number of days operating, excluding weekends and holidays:

List Activities Your Site Provide:

9. Does this site serve homeless children? ☐Yes ☐ No

If Yes, provide below, sufficient information to indicate that the site is not a residential childcare institution.

10. Does this site have any pre-planned field trips? ☐ Yes ☐No **If so, please provide a detailed list of all field trips scheduled.**

11. Provide a copy of valid food handler certifications. List expiration date and name of each certificate holder:

12. a. (NEW SITES ONLY) Non Profit Sites: Provide a copy of your tax-exempt status. 12. b. For Profit Sites: Provide a copy of your business license.

13. Provide a copy of your certificate of occupancy.

(DPR USE ONLY) Free/Reduced price %:

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 Meal-Site Representative	***Date***	***Signature of DPR Sponsor***	**Date**