



**SPONSOR/SITE AGREEMENT
FOR THE DC FREE SUMMER MEALS PROGRAM**

Name of Feeding Site/Building: _____

Name of Program: _____

Address of site: _____ Zip Code _____ Ward # _____

Site Supervisor: _____

Telephone: _____ Alt. Telephone: _____

E-Mail Address: _____

Please complete in its entirety.

The person named above agrees to:

1. Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).
2. Serve meals that meet the minimum meal pattern requirements.
3. Provide adequate supervision during the meal service.
4. Maintain and submit promptly such reports and records that the sponsor requires.
5. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
6. Report any other problems regarding the meal services.
7. Comply with civil rights laws and regulations.
8. Attend sponsor-training sessions.

x _____
Site Supervisor print & sign

x _____
Date

DPR Representative

x _____
Date