



Summer Meal Site Application

2019

May 29 – August 2

Name of Site: _____

Name of Organization (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Site Phone Number: _____ E-mail Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Site Supervisor: _____ Title: _____

Phone Number: _____ Alternate Number: _____

Fax: _____ E-mail Address: _____

Alternate Contact: _____ Title: _____

Phone Number: _____ E-mail Address: _____

Start Date of Program: _____ End Date of Program: _____

Holiday Closings: _____

Expected Average Daily Attendance of Summer Program:

Age range of children being served: _____ to _____

Hours of Operation (*Please list the times of operation under the appropriate days.*)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Nearest School

Please list the name of the nearest Elementary and High School to your site.

Elementary School:

High School

Meal Service Selection (Please check the meal(s) you would like to serve and the times you will serve these meals. We can only provide a maximum of TWO meals.)

LUNCH	SNACK

Where will this meal service be served? Indoors Outdoors Both

Please briefly describe your summer program and the type of activities you plan to provide, if applicable. (Examples: summer school, kid-friendly activities at a public park, vacation bible school) _____

Please indicate if your site will: (check all that apply)

- Serve at least 15 children each day
- Operate at least two consecutive weeks
- Operate at least three days per week
- Have a covered space available during inclement weather
- Have refrigerator available to store leftovers daily
- Have a dedicated supervisor who will be present most days

Attachments: In order for your application to be considered complete, please attach a Letter of Support from the Director of your organization or host site (Board of Directors, Pastor, Principal, etc.).

Site Supervisor Signature: _____ **Date:** _____

This application is not a guarantee of participation in the Summer Food Service Program. The Alabama Food Bank Association reserves the right to terminate any site found to be noncompliant with SFSP regulations.

SUBMIT COMPLETED APPLICATION PACKET TO: sfsp@alfoodbanks.org

CONTACT:

Kim Lawkis, Director of Policy & Programs
Phone: 251-721-5638 | Email: klawkis@alfba.org

This institution is an equal opportunity provider and employer

All SFSP programs must adhere to the following statement:

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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