

Metropolitan Action Commission
SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

Site Information Sheet

NEW SITE APPLICANT INFORMATION

Name of Food Service Site:

Name and title of person in charge of site:

Period of Operation of Food Service

Beginning Date:

Ending Date:

Name of Sponsor: **Metropolitan Action Commission**

Address of Site:

City:

State: **Tennessee**

ZIP Code:

Telephone Number of Food Service Site:

Telephone Number of Person In Charge (if different from Service Site):

Meals to be Served Daily Estimated Time

Type	Avg.	Max.	Begins	Ends
Breakfast				
AM Supper				
Lunch				
PM Supper				

Type of Site:

Recreational

School

Residential Camp

Migrant

Church

Other (Specify)

Is site located in a rural area?

Yes _____ No _____

Number of Operating Days:

___ May

___ June

___ July

___ August

___ September

___ **Total Days**

Please provide Documentation for the Summer Food Service Program Site Eligibility. *For Example Census Tract, Percentage of Children served that receives free/reduced lunch through Metro Schools.*

Please provide Explanation of Documentation of Eligibility in this area.

Additional space for Explanation (if needed)

Schools Attended by Children at Site:

Percent of children eligible:

Site Operates on Fridays? Yes ___ No ___

Shelter Available?
Yes No

If no shelter available, what plan will be implemented?

Cancel Meal Move to alternate site

Other (specify) _____

Will there be scheduled Activities other than food program? Yes No

(Over Please)

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Site Personnel Working with the Food Program

A. Number of Personnel:

1-3 persons Over 3 persons

B. Number of hours daily

1-4 hours Over 4 hours

TO BE ANSWERED ONLY IF MEALS ARE DELIVERED

Describe your plan for excess meals delivered:

- a. Serve the following day
- b. Offer seconds
- c. Other (specify) _____

Storage Facilities for Meals:

- a. Refrigerated Storage available for all meals
- b. Refrigerated Storage available for leftovers only
- c. No refrigerated storage available

I certify that this site had been visited, that the information on this form is true and correct to the best of my knowledge and that this site is a nonprofit private or public institution. I understand that this information is being given in connection with the receipt of federal funds; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes:

Date	Title	Signature
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FOR ADMINISTERING AGENCY USE ONLY:

Approved:

Disapproved:
Reason:

Census Tract/Block Group Area(s) to be Served

Tract:

Group:

Date of Denial:

Classification of site (Please Circle):

Open Regular

Open with Application

Restricted

Residential Camp

Migrant

Other (Specify) _____

Method of Meal Service (Please Circle):

On-Site Preparation

Vended Self-Preparation

Contract School Vended

Contract Food Management Co. Vended

Contract Food Management Co. Self Prep

Other (Specify) _____

Sponsor Representative who made Pre Program Visit/Contact:

Date of Pre-Program Visit:

Name of Reviewing Sponsor

Title

Signature of Reviewing Sponsor

Date