

MIAMI-DADE COUNTY COMMUNITY ACTION HUMAN SERVICES DEPARTMENT  
SUMMER FOOD SERVICE PROGRAM  
2018 SITE APPLICATION



701 N.W 1st Court, 9<sup>th</sup> floor  
MIAMI, FLORIDA 33136  
PHONE: (786) 469-4622  
FAX: (786)469-4756



Please **COMPLETE** each section. **DO NOT LEAVE** any section blank:

- NEW SITE** (Pre-Approval needed)  Previous Year Participation  
 Change of Name (Pre-Approval needed)  Change of Address (Pre-Approval needed)

1). \* NAME OF MAIN ORGANIZATION: \_\_\_\_\_  
\* Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
\* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\* Coordinating Supervisor's Name: \_\_\_\_\_  
\* E-mail Address: \_\_\_\_\_

(Print Clearly)

2). NAME OF SITE SERVING MEALS: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3). Two names and Title of people in Charge at Site **both must attend mandatory training:**

A. Name (Mr./Mrs./Ms./Rev) \_\_\_\_\_ Title: \_\_\_\_\_  
B. Name (Mr./Mrs./Ms./Rev) \_\_\_\_\_ Title: \_\_\_\_\_

4). Type of Site: (Check One Only)

- Recreational Center  School  Summer Camp  Public Housing  
 Park  Church  Social Services  Other (Specify): \_\_\_\_\_

**Note:** Earliest time meals can be delivered to site: \_\_\_\_\_ (AM)

Participation on the program will be based on approval of application , site  
Inspection, signed agreement.



