

SUMMER FOOD SERVICE PROGRAM

2020 SITE APPLICATION



701 N.W 1st Court, 9th 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 review the online 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.



NOTE: For grab and go meal options sites that chose to serve breakfast & lunch together will be from 9:00 am – 12:00 noon and sites choosing lunch & snack option will be serve from 11:00 am – 2:00 pm. For sites that chose to serve meals on site will the example below. .

EXAMPLE: Breakfast Served – From: 8:00 – 9:00 am (1 hr.)
Lunch Served – From: 12:00 to 2:00 pm (2hrs.)
Snack Served – From: 3:00 to 4:00 pm (1 hr.)

6). Daily Attendance

No. of BREAKFAST:

No. of LUNCHES:

No. of SNACKS:

7). Times meals are served

From _____ To _____

From _____ To _____

From _____ To _____

TIP: PLACE YOUR MEAL COUNT ACCORDING TO PREVIOUS YEAR CHILDREN PARTICIPATION.

ONLY TWO MEALS ALLOWED FOR EACH SITE.

8). SITE OPERATING DATES: BEGINNING: _____ / _____ / 2020
M D Y
ENDING: _____ / _____ / 2020

Total number of weeks: _____

IMPORTANT: The Program will be serving meals from **June 8, 2020 to August 21, 2020** (Eleven Weeks)

9). Does site have adequate facility to keep food warm? (Check One Only – Warmer/Oven/Steamtable)

☐ All Meals ☐ Leftover Meals Only ☐ None Available

Does site have adequate facility to keep food cold? (Check One Only – Refrigerator/Cooler)

☐ All Meals ☐ Leftover Meals Only ☐ None Available

10). Does the site have indoor facilities or shelter in case of inclement weather? ☐ Yes ☐ No

11). List the name of Dade County Public School(s) attended by children at the site:
(List more than one if applicable)

1. _____ 2. _____

12). What types of organized activities are planned at the site other than lunch program?

1. _____ 2. _____ 3. _____

An enrollment list of participants will be required to be maintained at site before service begins.

ALL ORGANIZATIONS MUST SEND COPY OF CURRENT 501 (C) (3) FORM along with the application

Signature Title / /
Date

If you need further information please contact: Dawn Beckford at (786)469-4686 or Susanne DeMatas at (786) 469-4671.