

APPLICATION FOR SUMMER FEEDING PROGRAM

OFFICE USE ONLY				
Site Entered	Site Approved	On Calendar	Site No.	Training Complete

Site Name: _____

Physical Address: _____

Site City: _____

Site County: _____

Site State: _____ Site Zip Code: _____

Name & Day Time Phone Number of person in charge of feeding: _____

Nearest Pulaski County School: _____

Site Mailing Address: _____

Site City: _____

Site County: _____

Site State: _____ Site Zip Code: _____

Type of Site:
 _____ Recreation Center _____ Park _____ School _____ Residential Camp _____ VBS

_____ Other, Specify _____

Type of Meals to be served and estimate quantity:

VBS/Other	Beg Date	End Date	Quantity Each Day	Meal Type(s)	Time Meal Begins	Time Meal Ends

_____ Other, Specify: _____

****Meal Types: Breakfast (BR), Lunch (L), Supper (S), Snack (AM/SN or PM/SN)**

Comments: (Specific dates, field trips, special needs, food allergies...)

Where Will You Feed Children: (i.e.: fellowship hall, picnic area....)

Site must provide coolers for transporting meals. Will you provide coolers? _____

Please note: Coolers cannot be Styrofoam.

Does site have refrigerator for holding meals? _____

If you are a park or outside site, where will you feed the children in inclement weather?

Give directions to site from Hwy 80 and 27 intersection:

_____ Approximate Miles: _____

The state requires volunteers to attend a training session. Would volunteers be able to attend a training session if it were provided free of charge? _____ Yes _____ No

_____ I have reviewed the Summer Feeding Sponsor Training for 2021.

Signature/Date

This institution is an equal opportunity provider.

