

## Columbus Recreation and Parks 2015 Summer Lunch Program Agency Application

Please read and complete ALL information requested and include liability insurance and 501c3 or your application will not be excepted. Applications can be mailed, faxed or emailed. See information letter for contact info. **Application deadline April 17<sup>th</sup>.**

### SITE INFORMATION

Are you a returning summer food service site from 2014? Yes  No

Site name: [Click here to enter text.](#)

Site Phone Number (where we can reach you at meal time): [Click here to enter text.](#)

Site address, including city and 9 digit zip ([click to find](#)): [Click here to enter text.](#)

Check which of the following you have access to on site: Internet  Email  Fax

Site Type (see back page for details): Open  Open Restricted  Closed Enrolled

School nearest the lunch site: [Click here to enter text.](#)

### STAFF INFORMATION

On-Site Supervisor name: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Additional staff that are or will be trained to supervise meals:

Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Agency contact if different from site supervisor:

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

## PROGRAM INFORMATION

**Program Dates for summer 2015 from** [Click here to enter a date.](#) **To** [Click here to enter a date.](#)

**Days of the week you will be serving:** Monday  Tuesday  Wednesday  Thursday  Friday

**Please list any days that you will be closed:** [Click here to enter text.](#)

**Are there activities for the children to participate in before and/or after mealtime?** Yes  No

**If yes, please describe:** [Click here to enter text.](#)

## MEAL and DELIVERY INFORMATION:

**What is the earliest the building is open for delivery?** [Click here to enter text.](#)

**Do you have refrigeration large enough to store all the meals you need?** Yes  No

**Please describe:** [Click here to enter text.](#)

**Directions for delivery driver. Please be as specific as possible, including information about where to park, how to get in (need to buzz?), what door to use and what room food should be delivered to.**  
[Click here to enter text.](#)

**Please fill out the information below based on the 1 or 2 meals you would like to receive. You must allow a 30 minutes window for delivery, so if the building opens at 7:30 you cannot serve before 8 am.**

Meal Type	Begin Time	End Time	Estimated Meals Needed Daily	Max You Might Order
Breakfast				
Lunch				
Snack				

**How many children can be served indoors?** [Click here to enter text.](#)

**How many adults will be present during meal time?** [Click here to enter text.](#)

**Does your agency participate in any Child Nutrition Program (CNP)? Please check:**

Child and Adult Care Food Program  National School Lunch Program  Special Milk

**Name of staff completing application:** [Click here to enter text.](#)

**Date:** [Click here to enter a date.](#)