

Center Application

Institution Information		
Institution Name	Agreement Number	Program Year

Action: (select <u>one</u> only "☉")	<input type="radio"/> Add	<input type="radio"/> Change	<input type="radio"/> Terminate
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Site Mailing Address				Site Street Address			
Address:				Address:			
Address 2:				Address 2:			
City:				City:			
State:		Zip Code:		State:		Zip Code:	
County:				County:			

Site Contact					
Name:	First	Middle	Last		
Phone:	()	-	Ext:	Title:	
Fax:	()	-		E-mail:	

Program Type (select <u>one</u> only "☉")			
<input type="radio"/> Adult Care Center	<input type="radio"/> At Risk - ASCS	<input type="radio"/> Head Start	<input type="radio"/> At Risk – ASCS
<input type="radio"/> Child Care Center	<input type="radio"/> OSHC	<input type="radio"/> Emergency Shelter	(check if program type ASCS)

Type of Food Service (select <u>one</u> only "☉")	Vendor/School Name
<input type="radio"/> On-Site Preparation <input type="radio"/> Central Kitchen <input type="radio"/> School Food Authority <input type="radio"/> FSMC	

At Risk - ASCS		
School Name:		% Enrolled for free and reduced meals
Activities: (check <u>all</u> that apply)	Educational	Enrichment

Organization Type (select <u>one</u> only "☉")	
<input type="radio"/> Profit	<input type="radio"/> Non-Profit
Number of Title XX (or Title XIX):	

Licensing	Operating Months (check all that apply)						
Licensed by: (select <u>one</u> only)	<input type="radio"/> DHHS	<input type="radio"/> State	<input type="radio"/> Exempt	Oct	Nov	Dec	Jan
License Capacity:				Feb	Mar	Apr	May
Enrollment:				Jun	Jul	Aug	Sep

Hours of Operation and Meals Served (check all that apply)

This Center will open at:			And will close at:						
Meal	Begin	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast									
AM Snack									
Lunch									
PM Snack									
Supper									
Night Snack									
At Risk-ASCS									

Emergency/Homeless Shelter Meals

Meal	Begin	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast									
AM Snack									
Lunch									
PM Snack									
Supper									
Night Snack									

I certify that the information in this Center Application is true and correct, that it is in accordance with the terms of existing Agreement(s). I further 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 statutes.

Sign Here ►

Keep Copy for your records.

Signature of Authorized Representative

Date of Preparation

Printed Name of Authorized Representative

Contact Phone Number (optional)