

## Center Application

Agreement Number	Institution Name	Center Name	Center's Federal ID Number	Program Year		
				2014-2015		
Site Mailing Address			Site Street Address			
Address:			Address:			
City:			City:			
State:	Zip Code: (Plus 4 Digit)	-	State:	Zip Code: (Plus 4 Digit)		
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"/> Child Care Center		<input type="radio"/> OSHC		<input type="radio"/> Emergency Shelter		
Center Type (select <u>one</u> only "☉")						
<input type="radio"/> State Government		<input type="radio"/> Federal Government		<input type="radio"/> Private Nonprofit		
<input type="radio"/> Local Government		<input type="radio"/> Private For Profit				
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)	<input type="radio"/> Educational		<input type="radio"/> 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		<input type="radio"/> Oct	<input type="radio"/> Nov	<input type="radio"/> Dec	<input type="radio"/> Jan
License Capacity:			<input type="radio"/> Feb	<input type="radio"/> Mar	<input type="radio"/> Apr	<input type="radio"/> May
Enrollment:			<input type="radio"/> Jun	<input type="radio"/> Jul	<input type="radio"/> Aug	<input type="radio"/> Sep

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**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			<input type="checkbox"/>						
AM Snack			<input type="checkbox"/>						
Lunch			<input type="checkbox"/>						
PM Snack			<input type="checkbox"/>						
Supper			<input type="checkbox"/>						
Night Snack			<input type="checkbox"/>						
At-Risk Breakfast			<input type="checkbox"/>						
At-Risk AM Snack			<input type="checkbox"/>						
At-Risk Lunch			<input type="checkbox"/>						
At-Risk PM Snack			<input type="checkbox"/>						
At-Risk Supper			<input type="checkbox"/>						
At-Risk Night Snack			<input type="checkbox"/>						

**Emergency/Homeless Shelter Meals**

Meal	Begin	End	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast			<input type="checkbox"/>						
AM Snack			<input type="checkbox"/>						
Lunch			<input type="checkbox"/>						
PM Snack			<input type="checkbox"/>						
Supper			<input type="checkbox"/>						
Night Snack			<input type="checkbox"/>						

**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** ► \_\_\_\_\_  
Signature of Authorized Representative Date of Preparation

\_\_\_\_\_ Printed Name of Authorized Representative Contact Phone Number (optional)