

**J.A. Henry Community YMCA
 Site Application & Memorandum of Understanding
 2018 Summer Food Service Program
 Due April 6, 2018**



Instructions: Please complete the entire application. **Incomplete** applications ***will not*** be processed. Submission after the due date may result in delayed meal service for your site.

Site Information:

Organization Name: _____

Program Name:

Program Address (full address):

Mailing Address (if different from program address):

	Name	Phone Number	Email Address
Primary Contact (Required)			
Secondary Contact (Required)			
Delivery/Pick Up Contact			
Director (if different than primary above)			

Organization Type (i.e. school, faith based, community, library):

Does your organization have a website: Yes No If yes, please provide: _____

How many years has your organization operated a youth summer program?

Does your site participate in the USDA-sponsored CACFP (At-Risk After School Meals) during the school year? Yes No

What is the age range of the children in your program?

Please describe your summer program activities:

Site Eligibility:

What is the name of the closest public elementary school to your site?

Has this institution ever been identified through its corporate organization, officers, employees, or otherwise, as seriously deficient in any Federal or State child nutrition program? Yes No If yes, please explain:

Is your program open to all children despite race, color, national origin, sex, age, or disability? Yes No Note: A common example of a program not open to all would be a program that is a "girls only" or "boys only" program.

If no, please explain: _____

Site Operation Information:

What is your first date of meal service? _____ What is the average number of participants?

What is your last date of meal service? _____ What is the maximum number of participants?

Please check which type of site you will be operating: ___ Open Site *(We only operate open sites)

What are your facility hours? _____ to _____

What are your program hours? _____ to _____

List any known days or weeks of closing, (for example week of July 4th)

Please state the number of meals your program estimates it will need.

Please note: A site cannot select or serve more than 2 meals and lunch & supper are not a valid combination.

	Number of Breakfasts	Number of Lunches	Number of PM Snacks	Number of Suppers
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total:				

What time would you like to serve the meals?

Please note that meal service cannot exceed 2 hours and a site cannot serve more than 2 meals and lunch & supper are not a valid combination.

	Breakfast	Lunch	PM Snack	Supper
Meal Service Start Time				
Meal Service End Time				

Site Procedures:

Is the site serving meals outside? Yes No

If yes, what are the alternate arrangements in case of inclement weather?

Does your site have a refrigeration unit that can accommodate the number of meals you would like to serve? Yes No

If yes, please describe the type of refrigeration unit you have (i.e. house unit, commercial 2-door unit, walk-in, etc.) and how many meals do you expect the refrigeration unit to hold? _____

Does your site have adequate tables and seating to accommodate the number of children your site expects to serve? Yes No

Does your site have adequate adult staff and/or volunteers to accommodate the number of children your site expects to serve? Yes No

If yes, how many? _____

SFSP and YMCA Initiatives (Please initial next to each responsibility to demonstrate your site will be able to meet the program requirements.)

_____ A minimum of 2 site staff, that will be on site for each meal service, will attend a mandatory USDA SFSP training held by the YMCA and also complete mandatory basic food handler training before the start of service.

_____ Site will pick up all meals from the YMCA's central kitchen.

_____ Site will accept, inspect, store, and serve food using safe food handling practices.

_____ Site will serve all components of the meal to children only at the scheduled time & approved location.

_____ Site will maintain records for every meal service that will include: number of meals received, temperature of meals at time of arrival, and the number of meals served.

_____ Site will provide meal orders to the YMCA on a daily basis using the method provided at training.

_____ Site will maintain program binder provided by the YMCA with copies of meal count forms, signed delivery tickets, and temperature logs.

_____ Site will notify the YMCA of any program changes, or closures at least 1 week in advance.

_____ Site will ensure that all children have equal access to meals.

_____ Site will agree to implement and uphold YMCA Healthy Eating and Physical Activity standards for this site. (This is applicable at YMCA and YMCA Mobile Fit supported sites.)

_____ Site will agree to implement and uphold the YMCA goals to prevent summer learning loss and have program activities for children.

By signing this application, I declare that I am the contact for the above location and agree to uphold the goals, standards, and initiatives of the YMCA Summer Food Service Program. I will ensure that all agency staff, program volunteers and/or site supervisors will be trained according to YMCA and USDA program guidelines. I

understand the YMCA will monitor my site program regularly to ensure program compliance. I understand that if the USDA departmental monitoring reveals repeated deficiencies, the program will be subject to closure.

Print Name & Title

Signature & Date

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For office use only: Date and time received _____

Send to: cvoges@ymcachattanooga.org or fax to 423-266-7328 Attention to: Callie Voges

For questions contact Callie Voges, Program Director or Laura Horne, Senior Program Director, Office #423-805-3361