

City of Atlanta
2018 Summer Food Service Program
SITE INFORMATION SHEET

1. Name of Site Supervisor: _____

2. Name and Address of Food Service Site: _____

3. County: _____

4. Telephone number at Site: _____

5. Email Address: _____

6. Contact number of Site Supervisor: _____

7. Mailing Address if different from Site: _____

8. Two (2) Public Schools Nearest to Site: 1. _____

2. _____

9. Type of Site: Open (Site serving entire community) Closed (Site serving only children enrolled at site)

Profit

Non-Profit

10. Did this Site participate last year? Yes No

11. Hours of Operation: _____ Is Site: Indoor Outdoor

12. Is your organization a non-profit? Yes (Please provide documentation with your application) No

13. Are there scheduled activities at this site? Yes No

14. Is there adequate refrigeration at the site? Yes No

15. Types of Meals Served: Breakfast Serving Time: _____ Lunch Serving Time: _____

16. Estimated number of children participating in your program? _____

17. Beginning Date: _____ Ending Date: _____

18. Number of children that can eat at the site at one time: _____

19. Comments: _____

OFFICE USE ONLY

Eligibility By: _____

Maximum: Breakfast: _____

Lunch: _____

ADP: Breakfast: _____

Lunch: _____