

Mail Application to Sumter County Summer Nutrition Program - 2021

100 Learning Lane, Americus, Georgia 31719

Call Cheryl Clemons or Margaret Goodin at 229-931-8500

Site Application – Page 1

Site Name:	Site Supervisor's Name
Site Address:	Supervisor's Mailing Address
City: State Zip	City State Zip
Phone on site: () -	Contact Phone: () -
	E-mail Address:

Alternate Site Supervisor Information – must be completed	
Name:	Phone () -
Address:	E-mail Address:
City:	State: Zip Code:

Site Location	
<input type="checkbox"/> Indoor Site	<input type="checkbox"/> Outdoor Site

Site Description (Choose the one that applies)		
<input type="checkbox"/> Church	<input type="checkbox"/> Park	<input type="checkbox"/> Community Center
<input type="checkbox"/> Playground	<input type="checkbox"/> Recreation Area	<input type="checkbox"/> School

Type of Eligibility Choose one of the three listed	
<input type="checkbox"/> (1) Community Open Site – limited to children <u>through age 18</u> . Enter the estimated number of children attending this site: _____	
<input type="checkbox"/> (2) Church Open Site – limited to children through age 18. Enter the estimated number of children attending this site: _____	
<input type="checkbox"/> (3) School Open Site – limited to children <u>through age 18</u> . Enter the estimated number of children attending this site: _____	

Open means that no child will be told that they can't have a meal.

Do you plan to serve children 19 and above who are mentally or physically disabled that participate in a public or private nonprofit school program for the mentally or physically disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? Estimated number of children of mentally or physically disabled to be served at your site _____	
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Site Application – Page 2

Meal Service Information		
Select ONLY one choice from the options listed		
<input type="checkbox"/> Lunch Only		
<input type="checkbox"/> Breakfast and Lunch		
<input type="checkbox"/> Lunch at a “non-traditional” time – (Bible Schools or other programs that are scheduled for late afternoons or nights, etc.)		
Meal Times Requested		
Example: Breakfast 8:00 – 10:00, Lunch 12:30 – 2:00		
MEAL	Begin Time	End Time
Breakfast		
Lunch		
Lunch at a “non-traditional” time		

<input type="checkbox"/> Yes <input type="checkbox"/> No	For receiving sites, is there adequate secure storage for breakfast delivered with lunch delivered with lunch that must be held until the appropriate serving time?
<input type="checkbox"/> Yes <input type="checkbox"/> No	For receiving sites, is there adequate secure storage for leftovers on site since ice chests are not sufficient for overnight storage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Site will provide a refrigerator thermometer and keep an updated temperature log.
<input type="checkbox"/> Yes <input type="checkbox"/> No	For outdoor sites, have arrangements been made for food service during inclement weather?

“This institution is an equal opportunity provider.”