

**2016-2017
Laurens County Nutrition Program
Seamless Summer Site Application**

Site Name:		
Site Address:		
City:	State	Zip
Phone on site: () _____ - _____		

Site Supervisor:	Alternate Site Supervisor:
Email Address:	Email Address:
Contact Phone: () _____ - _____	Contact Phone: () _____ - _____
Cell Phone: () _____ - _____	Cell Phone: () _____ - _____

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 (after 2:00, but before 8:00)			
Meal Times & Estimated Counts			
Example: Breakfast 8:00 – 10:00, Lunch 12:30 – 2:00			
MEAL	Begin Time	End Time	Estimated Count
Breakfast			
Lunch			

Dates of Operation:
Planned dates when meals are not needed (closings, scheduled trips):

<input type="checkbox"/> Yes <input type="checkbox"/> No	For receiving sites, is there adequate secure storage for breakfast 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?

**If your program is a non-profit, please provide a copy of the non-profit statement form, 501(c)(3).

This institution is an equal opportunity provider.