



# GREATER CHICAGO FOOD DEPOSITORY

## Child and Adult Care Food Program (CACFP) Application

*Instructions: Please answer all questions and attach additional documentation.*

### SITE INFORMATION

Organization Name: \_\_\_\_\_

Program Address (full address): \_\_\_\_\_

Mailing Address (if different from program address): \_\_\_\_\_

	Name	Phone Number	Email Address
Primary Contact			
Secondary Contact			
Delivery Contact			
Director (if different than above)			

Organization Type (i.e. school, faith-based, community, park district, etc.): \_\_\_\_\_

*Note: Organization must have a 501c3 or be a public entity to qualify*

Does your organization have a website? Yes  No  If yes, please list: \_\_\_\_\_

Is your organization currently a member of the Greater Chicago Food Depository? Yes  No

If yes, what is your agency code? \_\_\_\_\_

How long has your organization operated an after-school enrichment program? \_\_\_\_\_

Is your program open to all children despite race, color, national origin, sex, age, or disability? Yes  No

*Note: A common example of this would be if your program is a "girls only" or "boys only" program.*

How many children enrolled in your program are 12 years and under? \_\_\_\_\_

How many children enrolled in your program are 13 to 18 years? \_\_\_\_\_

Select all the education and/or enrichment activities offered to the students:

- Academic Assistance
- Service Learning Projects
- Life Skills
- Leadership Development
- Mentoring
- Cultural Diversity Activities
- Arts and Crafts Programs
- Wellness and Nutrition Activities
- Sports, Fitness, and Recreation
- Other

**SITE ELIGIBILITY**

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

*Note: The closest school to your site must have 50% or more children who are eligible for free or reduced lunch.*

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: \_\_\_\_\_

**SITE OPERATION INFORMATION**

What is your first date of program? \_\_\_\_\_ What is the average number of participants? \_\_\_\_\_

What is your last date of program? \_\_\_\_\_ What is the maximum number of participants? \_\_\_\_\_

What are your facility hours? \_\_\_\_\_ to \_\_\_\_\_ What are your program hours? \_\_\_\_\_ to \_\_\_\_\_

If CPS or your public school district closes due to an emergency/inclement weather, will your site automatically be closed? \_\_\_\_\_ Yes\* \_\_\_\_\_ No\* **By responding yes, we will automatically cancel meal service when CPS or your public school district announces that they will be closed due to an emergency/inclement weather. Note: This does not apply to district non-attendance days/holidays.**

Which type of site would you like to be? *Please select one.*

Open Site – Meal service is open to all the children in the community. Children are not required to be enrolled in the program.

Closed Enrolled Site – Meal service is only available to children enrolled in a formal program.

Please state the number of meals your program will need.

	Number of Snacks	Number of Suppers
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

What time would you like to serve the meals? *Please note that meal service cannot exceed 2 hours. Either meal can be served first. There must be 2 hours between the beginning of one meal service and the beginning of the next meal service.*

	PM Snack	Supper
Meal Service Begins		
Meal Service Ends		

Type of Meals you would like to receive: Cold Meals  Hot Meals\*

**\*For hot meals,** your site must have 2 certified food handlers on site. Copies of licenses must be included with this application. Your site must have the capability to store, heat and serve the meals from the Food Depository. Site is responsible for providing plates and utensils. Sites that serve hot meals are able to request shelf-stable lunches for field trips.

## SITE PROCEDURES

Does your site have a refrigeration unit that can accommodate the number of meals you would like to serve?

Yes  No  If yes, how many meals can be held comfortably in the refrigeration unit? \_\_\_\_\_

Does your site have adequate facilities for delivery and/or holding of meals until time of service? Yes  No

## SITE RESPONSIBILITIES

**Note: Please initial next to each responsibility to demonstrate your site will be able to meet the program requirements.**

\_\_\_ Have all staff involved in meal service attend mandatory training at the Food Depository, at minimum 2 program staff must attend

\_\_\_ Store and serve food using safe food handling practices

\_\_\_ Serve meals to children at no cost to them at least 3 times per week

\_\_\_ Serve all components of the meal to children at the scheduled time and approved location

\_\_\_ Record for every meal service: number of meals received, temperature logs, attendance and the number of first and second meals served to children

\_\_\_ Submit meal counts daily and attendance weekly to the Food Depository

\_\_\_ Maintain program binder provided by the Food Depository with copies of meal count forms, signed delivery receipts, attendance sheets and temperature logs

\_\_\_ Be available to accept and sign for deliveries, confirm correct number of meals, and notify the Food Depository of any damaged and/or missing meals

\_\_\_ Notify the Food Depository of program changes, closures, or fieldtrips at least 1 week in advance

\_\_\_ Ensure that children have equal access to meals

\_\_\_ Operate at least 3 days a week for a minimum of 4 weeks to a minimum of 20 children

\_\_\_ Must have at least 2 adults per 25 youth participants to ensure adequate supervision of meal service

### The following documents **MUST** be submitted in order for your application to be considered complete:

- Fire Prevention Inspection from the past 12 months
- Health Inspection from the past 12 months
- Federal 501c3 Tax Exempt Determination Letter
- If applying to serve hot meals, please attach copies of 2 City (if operating in Chicago) or State (if operating outside Chicago) food sanitation licenses

**To the best of my knowledge, the information about my site is correct. I have read and understand my responsibilities as a Kids Cafe site should my site be approved for participation in the program.**

\_\_\_\_\_  
Application completed by *(please print name and title)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit completed application and attachments via email or fax to: Fax: 773-843-2748 Email: [programs@gcfd.org](mailto:programs@gcfd.org)** If you have any questions or concerns while completing this application, please do not hesitate to call the Children's Programs Team at 773-247-3663 x 4050 or email [programs@gcfd.org](mailto:programs@gcfd.org)