

8. TYPE OF APPLICANT: (Circle one only)

A Charitable Institution – public or private non-profit

(Submit current documentation of Federal; 501© (3), Non-profit status.).

B. State Supported Institution (State Hospitals, etc.).

C. Nutrition Project for the Elderly.

D. State Correctional Institution - adults only.

E. State Correctional Institution – housing inmates under 21.

F. County Correctional Institution

G. Non-Profit Summer Camp for children – age 18 and under. Submit proof of non-profit status.

H. Other (Specify) (Do you also operate a SDE approved Summer Feeding Program? YES _____NO_____.

9. Total number of days meals will be served each year _____. If the types of meals served vary on some days attach an explanation.

10. Is your program considering participation or are you already participating in State approved processing of commodity foods? YES _____ NO _____.

If “ YES “ the authorization to participate in approved process agreements, enclosed, should be signed and returned to Food Distribution Office.

11. Enter the date on which your last Health Inspection was conducted: ____/____/____/. Attach a legible copy for each food preparation site.

12. POPULATION AND MEAL COUNT DATA

Average daily total of all participants fed by your program (Do not include staff): _____.

Average number of meals, by type, being served to all participants on the days your program feeds:

Breakfast _____ Lunch _____ Dinner _____.

Of the above meals, show the average number, by type, being served to NEEDY participants (those persons receiving benefits under a means- tested program such as AFDC, Food Stamps, Medicaid, Welfare or other similar type program.): Breakfast _____ Lunch _____ Dinner _____.

Average daily total of NEEDY participants, (as defined above), fed in your program: _____.

Note: This should equal the sum of Breakfast, Lunch and Dinner counts.

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