



Kids Cafe Program Application

General Information

Organization Name _____
Organization Phone _____

Full Site Name *(where meals will be served)*

Site Address _____
City _____ State _____ Zip _____
Site Phone (if different than organization phone) _____

Mailing Address *(if different from site address)*

Address _____
City _____ State _____ Zip _____
Site Phone (if different than organization phone) _____

Shipping Address *(if different from site address, where meals will be delivered)*

Address _____
City _____ State _____ Zip _____
Site Phone (if different than organization phone) _____

Site Coordinator Information

The Site Coordinator is responsible for ensuring all program guidelines are followed and signs off on all paperwork.

Name _____ Birth Date of Coordinator (M/D/Y) _____
E-mail address _____ Phone _____

Site Coordinator's Supervisor:

Name _____
E-mail address _____ Phone _____

On-site Persons Responsible for Signing for Meals and Storing Meals

Two minimum other than the site coordinator, listed in order of relevance; email addresses and phone numbers should be different than the site coordinator's information.

Name 1 (required) _____
E-mail address _____ Phone _____

Name 2 (required) _____
E-mail address _____ Phone _____

Name 3 (optional) _____
E-mail address _____ Phone _____

Are you interested in: Summer Meal Program (SFSP) After School Meal Program (CACFP)

Has your organization ever participated in USDA's CACFP or SFSP?

- Yes, with Harvesters as the sponsor
- Yes, but Harvesters was not the sponsor
- No
- Don't know

If the site is not a school, full name of the nearest public school: (non-Montessori, non-charter) school: _____

Meal Option *(select one)*

- Daily Delivery (for returning sites only and must be in the Kansas City or Topeka metro area)
- Self-Prep (for sites in good standing only and have been with Harvesters for two program cycles)
- Shelf Stable

Dates of Meal service

Requested Start Date (required) _____ Projected End Date (required) _____

Please list specific dates meals will not be served including holidays and other dates the site will be closed:

Requested Days of Service *(check all that apply)*

- Monday Tuesday Wednesday Thursday Friday
- Saturday

Requested Mealtime _____ to _____

Capacity of Eating Area _____

How many children do you anticipate feeding daily (not total participants)? _____

Will you need peanut-free meals? Yes No

If yes, how many? (please provide a specific number) _____

Mealtimes are subject to approval by Harvesters and by the state. Once approved, sites are responsible for adhering to approved dates and times. Changes may not be made without approval.

For more information about Kids Café, please contact kidscafe@harvesters.org or 816.929.3262.

Please submit the application, along with all application materials, via email to kidscafe@harvesters.org

This institution is an equal opportunity provider.

