

Harvesters' 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)* _____

Shipping Address *(if different, where meals will be delivered)* _____

City _____ State _____ Zip _____

Mailing Address *(if different)* _____

City _____ State _____ Zip _____

Site Coordinator Information

Name: _____ Birth Date of Coordinator *(m/d/y)*: _____

E-mail Address: _____ Phone: _____

On site persons responsible for signing for meals and storing meals *(two minimum, listed in order of relevance)*

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)

Meal Option *(select one)*

- Daily Delivery
- Self-Prep
- Shelf Stable

What is your nearest public school? _____

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

- Yes
- No
- Don't know

Start Date: _____ End Date: _____

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

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Capacity of Eating Area: _____ Requested Meal Time: _____ to _____

How many do you anticipate feeding daily? _____

Dates you will not serve meals: _____

Meal times 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 Cafe, please contact us at 816-929-3262 or kidscafe@harvesters.org. Please submit your application via email to kidscafe@harvesters.org.

