

**CHILD AND ADULT CARE FOOD PROGRAM
At Risk After School Supper & Snack Addendum**

At Risk Facilities Only

Agreement Number: _____

(Please print or type)

| | | | |
|--|--------------|----------------------------------|------------|
| Name of Sponsor: | | | |
| Number of sites/centers where meals or snacks will be served: | | County: | |
| Mailing Address: | City: | State: | Zip |
| Physical Location if different from mailing address: | | | |
| Point of Contact for FNB: | | Alternate contact person: | |
| Phone number: | | Email: | |

1. **Type of Approval to Operate:** State Licensed Tribal Military Public School Non-Licensed or Exempt

If Licensed, Tribal or Military: Permit or License # _____ Expiration date _____ Capacity _____

If none, please initial the following statement:

I understand that facilities supervising children in a custodial setting are normally required to obtain approval to operate or show that one of the exemptions to operate applies to their organization. Facilities serving children age 18 and younger categorized as "At Risk" and requesting to participate in CACFP as an "At Risk" afterschool program, may be exempt from obtaining a license, provided the facility is in compliance with local zoning ordinances, building and fire codes and any business permits or similar requirements, and all staff receive a federal and state background check clearance through Children Youth & Families Dept.

By initialing I agree to meet these requirements: _____

2. **Qualifying School Service Area** Please submit a map that shows the location of each facility within the boundaries of a qualifying school's service area, unless the program actually uses the school building itself, for providing services.
Qualifying school _____ Percentage _____ Date: _____ Year Round? Yes No
Please list multiple sites on the Multiple Site Addendum and include qualifying school, percentage and date in comments section

3. Please list the **Educational and Enrichment activities** provided to enrolled children

4. Does the center have an **EID or IHS sanitation/food service permit?**

Yes Permit # _____ Expiration _____ Date of last inspection _____

No **If not please initial;** I agree to follow the limited food service operations guidelines: _____

5. If **days of operation** are different than M-F please explain: _____

6. **If months of operation are different than (August to May) please explain:** _____

7. **Will the Organization use the OVS option?** Yes No

8. **Will the off site consumption provision be used?** Yes No **If Yes, Explain policy:** _____

9. **Number of Participants Currently Enrolled** _____

10. Will the organization use a portioned menu? Yes No If no, describe the method of documenting portion sizes.

11. **Age Range of Participants Enrolled** From _____ years old To _____ years old

I UNDERSTAND THAT this information is being given in connection with the receipt of Federal funds, and that a deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Representative

Date