



**After School Snacks Application**  
**2023-2024**

*A separate application is required for each program at a school*

**Program Name:** \_\_\_\_\_

**School Location Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Cell Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Director of Program Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**List the number of students expected to be served daily:** \_\_\_\_\_

Please check one that applies: Title One: \_\_\_\_\_ Gear-Up: \_\_\_\_\_ SACC: \_\_\_\_\_

Kastle Recovery: \_\_\_\_\_ Homeless: \_\_\_\_\_ Pre-K: \_\_\_\_\_ Other (Identify): \_\_\_\_\_

Is this program an enrichment-learning program... specify: \_\_\_\_\_

Serving Time for the snacks: \_\_\_\_\_

Please provide an address for Billing Purposes: \_\_\_\_\_

Number of employees who will distribute snacks: \_\_\_\_\_

Check Days of Operation: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

If the program does not follow the HCDE student calendar, please attach the calendar used.

Check one: Follows HCDE student calendar: \_\_\_\_\_ Attachment provided: \_\_\_\_\_

**Snack Programs will not begin until two weeks after the application is submitted due to the SNP ordering system. All Weekly Rosters must be turned in by the following Monday to the manager. All Month End Rosters must be turned in day after the last day of the month. Your program will be subject to termination if it fails to comply with the above guidelines.**

***By signing this application, I declare that I am responsible for the program administration. I am ensuring that all employees will be trained by the School Nutrition staff and we will monitor our program regularly to ensure program compliance. I understand that if the School Nutrition departmental monitoring reveals repeated deficiencies, the program will be subject to closure.***

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature & Date

<b>For Office Use Only:</b>	
Date and Time Received: _____	
Date Training Scheduled: _____	Date Completed: _____

**This institution is an Equal Opportunity Provider.**