

## **INTENT TO PARTICIPATE**

### **AFTER SCHOOL MEAL PROGRAM APPLICATION**

**THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP) PROVIDES REIMBURSEMENT FOR MEALS SERVED TO CHILDREN PARTICIPATING IN A SCHOOL SPONSORED AFTER SCHOOL CARE PROGRAM. THE SCHOOL IS RESPONSIBLE FOR ALL ASPECTS OF PROGRAM OPERATIONS AND IS TO ENSURE THAT PROGRAM MEETS THE FOLLOWING REQUIREMENTS:**

- 1. PROVIDE CHILDREN WITH REGULARLY SCHEDULED ACTIVITIES IN AN ORGANIZED, STRUCTURED, AND SUPERVISED ENVIRONMENTS AND**
- 2. INCLUDES ENRICHMENT OR EDUCATIONAL ACTIVITIES AS PART OF THE PROGRAM AND**
- 3. SITE ACTIVITIES MUST BE DISTINCT FROM EXTRACURRICULAR PROGRAMS ORGANIZED PRIMARILY FOR SCHOLASTIC, CULTURAL, OR OTHER PURPOSES. THEREFORE, THOSE PROGRAMS DESIGNED TO PROVIDE MEALS SOLELY TO COMPETITIVE INTERSCHOLASTIC SPORTS TEAMS ARE NOT ELIGIBLE FOR MEALS THROUGH CACFP.**

**AFTER SCHOOL PROGRAM COORDINATOR/SUPERVISOR WISHING TO PARTICIPATE IN THE AFTER SCHOOL MEALS PROGRAM MUST COMPLETE AND RETURN APPLICATION TO THE CHILD NUTRITION PROGRAM DIRECTOR AND COPY THE INDIVIDUALS BELOW A MINIMUM OF 2 WEEKS BEFORE THE AFTER SCHOOL PROGRAM IS SCHEDULED TO BEGIN.**

**"This institution is an equal opportunity provider and employer."**

**CHILD NUTRITION PROGRAM DIRECTOR- NANCY P. ORTIZ**

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**CHILD NUTRITION PROGRAM COORDINATOR- SONIA RODRIGUEZ**

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**CHILD NUTRITION PROGRAM MEAL ACCOUNTABILITY CLERK- AMANDA GUERRERO**

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# Intent to Participate After School Meal Program Application

**SY 2023-2024**

## Education/Enrichment Program Information

**Describe the educational/enrichment component of the After School Program:**

**Time school day ends:**

**Meal Service Time:**

**Start Date:**

**Months Program will operate:** July Aug Sept Oct Nov Dec Jan Feb  
Mar Apr May

**Days of week Program will operate:**

Mon Tue Wed Thurs Fri Sat

**Program Site Information:** \_\_\_\_\_ **Estimated Participation:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St/Zip** \_\_\_\_\_

**After School Program Coordinator/Supervisor:**

**Name:** \_\_\_\_\_ **Phone # :** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### *Agreement to After School Meals Policies & Procedures*

*1. Students are to be sent to the cafeteria to pick up meals.*

*2. The number of After School Meals to be distributed will be determined by an attendance roster and average daily participation of the meal program.*

*3. Meals will be served at end of the school days and meal service will last approximately 30 minutes.*

*4. List of Enrollment must be submitted by the first day of operation to Cafeteria Manager.*

*5. Rosters with student ID or DOB will be used daily to record meal participation.*

*6. Program Coordinator/Supervisor must have supporting documentation (i.e., curriculum, lesson plans, etc.) that shows that their after school program meets the minimum requirement readily available for auditing purposes.*

*7. If at any point in time the above described policies and procedures are not being followed CNP has the right to discontinue after school meal services.*

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**Signature of After School Program Coordinator**

**Date**

**Child Nutrition Program Director-Approval**

**Date**