



# Application for Freshwise Kids Cafe/CACFP 2016-17

APPLICATION DEADLINE IS AUGUST 31, 2016

## SECTION 1: PROGRAM/AGENCY INFORMATION\*

*\*All information in Section 1 is required*

Program title: \_\_\_\_\_

Agency name: \_\_\_\_\_

Program location (full address): \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Fax number: ( ) - \_\_\_\_\_ Phone number: ( ) - \_\_\_\_\_

Program Contacts:	NAME	EMAIL	PHONE NUMBER
Director/Supervisor:	_____	_____	( ) - _____
Primary Contact:	_____	_____	( ) - _____
Secondary Contact:	_____	_____	( ) - _____

Program dates: Start date \_\_\_\_\_ End date \_\_\_\_\_

Participant Age Range: \_\_\_\_\_

Daily Planned Enrollment: \_\_\_\_\_

Program schedule: (Mark all that apply)  Monday  Tuesday  Wednesday  Thursday  Friday

Daily program hours: Opens at \_\_\_\_\_  AM  PM Closes at \_\_\_\_\_  AM  PM

## SECTION 2: KIDS CAFE/CACFP FOOD SERVICE REQUEST

### BREAKFAST SERVICE

Requested:  Yes  No Requested days:  Mon  Tues  Wed  Thurs  Fri

Meal service time: \_\_\_\_\_ to \_\_\_\_\_ Expected participant high: \_\_\_\_\_ Expected participant low: \_\_\_\_\_

*\*Note: there must be a minimum of 2 hours between breakfast and lunch*

### LUNCH/DINNER SERVICE

Requested:  Yes  No Requested days:  Mon  Tues  Wed  Thurs  Fri

Meal service time: \_\_\_\_\_ to \_\_\_\_\_ Expected participant high: \_\_\_\_\_ Expected participant low: \_\_\_\_\_

*\*Note: there must be a minimum of 2 hours between snack and lunch/dinner*

### SNACK SERVICE

Requested:  Yes  No Requested days:  Mon  Tues  Wed  Thurs  Fri

Meal service time: \_\_\_\_\_ to \_\_\_\_\_ Expected participant high: \_\_\_\_\_ Expected participant low: \_\_\_\_\_

*\*Note: there must be a minimum of 2 hours between snack and dinner*



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**Special considerations or other information:**

**Are you aware of any other programs at your site? If so, please list below:**

Program: \_\_\_\_\_  
Phone: (    ) - \_\_\_\_\_ Email: \_\_\_\_\_

Program: \_\_\_\_\_  
Phone: (    ) - \_\_\_\_\_ Email: \_\_\_\_\_

Program: \_\_\_\_\_  
Phone: (    ) - \_\_\_\_\_ Email: \_\_\_\_\_

**Please submit all applications to:**

Freshwise  
138 Joseph Avenue  
Rochester, NY 14605  
Attn: Claire Savini, RD LDN  
Nutrition Programs Coordinator

**Phone:** 585-254-4423

**Fax:** 585-647-2808

**Email:** [csavini@foodlinkny.org](mailto:csavini@foodlinkny.org)