|  |  |
| --- | --- |
| Applicant Name:      | Date:       |
| Site Name:      |  |
| Address:       |  |
| Site Contact Name\*: \*Volunteer: [ ] Y [ ] NSite Contact email: |       |
|  |
| Site phone info #: |       | Serving Hours of Meal Service: |       to       |
| Service Days per week: |    |

Service Days per weekend

|  |
| --- |
| **PROGRAM INCOME** |

|  |  |  |
| --- | --- | --- |
| **Donation Request:** | Age 60+  | Guests Under Age 60 |
|  | $      | $      |
| Food Service Staff: | Volunteer Under Age 60: | Other: |
| $      | $      | $       |

|  |
| --- |
| **SITE DESCRIPTION** |

**Type of Congregate Site** *(Check One)*

[ ]  a. Focal Point [ ]  f. School

[ ]  b. High concentration of elderly in poverty [ ]  g. Public or low-income housing

[ ]  c. High concentration of minority elderly [ ]  h. Restaurant

[ ]  d. Multi-purpose senior center [ ]  i. Adult Day Center

[ ]  e. Religious facility [ ]  j. Other (township hall, club, etc.)

|  |
| --- |
|  |
| **Barrier Free:** [ ]  Yes [ ]  No If no, indicate reason |
|       |

|  |
| --- |
|  |
| **Average Number of Meals Served Daily** :      **Average Number Weekly**       |
| Congregate Meals:      1 Meal      2Meals       3Meals |
| Home Delivered Meals:      1 Meal      2Meals       3Meals |
| Liquid Meals:      1 Meal      2Meals       3MealsOther Meals (*please list :*       |
| Central Kitchen      Satellite Kitchen        |      Yes 2nd Meals taken off site       No 2nd Meals offered for off site |
| **Average Number of Individuals** *(unduplicated)* Served Weekly :       Total |
|  |
|  |