# Center Application

**YOU ARE ENCOURAGED TO ENTER THIS FORM ELECTRONICALLY**

<table>
<thead>
<tr>
<th>Agreement Number</th>
<th>Institution Name</th>
<th>Center Name</th>
<th>Center’s Federal ID Number</th>
<th>Program Year</th>
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<tbody>
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<td>2008-2009</td>
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</tbody>
</table>

## Site Mailing Address

- **Address:**
- **Address 2:**
- **City:**
- **State:**
- **Zip Code:**
- **County:**

## Site Street Address

- **Address:**
- **Address 2:**
- **City:**
- **State:**
- **Zip Code:**
- **County:**

## Site Contact

<table>
<thead>
<tr>
<th>Name:</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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<tbody>
<tr>
<td>Phone:</td>
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<td>Ext:</td>
<td>Title:</td>
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<tr>
<td>Fax:</td>
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<td>E-mail:</td>
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## Program Type

- **Adult Care Center**
- **Child Care Center**
- **At Risk - ASCS**
- **OSHC**
- **Head Start**
- **Emergency Shelter**
- **At Risk – ASCS**

## Center Type

- **State Government**
- **Local Government**
- **Federal Government**
- **Private For Profit**
- **Private Nonprofit**

## Type of Food Service

- **On-Site Preparation**
- **Central Kitchen**
- **School Food Authority**
- **FSMC**

## Vendor/School Name


## At Risk - ASCS

- **School Name:**
- **% Enrolled for free and reduced meals:**

## Activities

- (check all that apply)
- **Educational**
- **Enrichment**

## Organization Type

- **Profit**
- **Non-Profit**

## Number of Title XX (or Title XIX):

## Licensing

- **Licensed by:**
- **License Capacity:**
- **Enrollment:**

## Operating Months

- **Oct**
- **Nov**
- **Dec**
- **Jan**
- **Feb**
- **Mar**
- **Apr**
- **May**
- **Jun**
- **Jul**
- **Aug**
- **Sep**

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Form **CAC 7 (Effective October 1, 2008)**

Please keep copy for your files
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### Hours of Operation and Meals Served

(check all that apply)

<table>
<thead>
<tr>
<th>Meal</th>
<th>Begin</th>
<th>End</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
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<tbody>
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<td>Breakfast</td>
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### Emergency/Homeless Shelter Meals

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I certify that the information in this Center Application is true and correct, that it is in accordance with the terms of existing Agreement(s). I further understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.

**Sign Here**

Keep Copy for your records. Signature of Authorized Representative Date of Preparation

Printed Name of Authorized Representative Contact Phone Number (optional)