

NEW JERSEY DEPARTMENT OF AGRICULTURE

SUMMER FOOD SERVICE PROGRAM

OUTREACH FORM

Section A - Organization

Organization Name			
Address		County	
City, State		Zip Code	
Contact Person Name		Title	
Phone Number		Email	

Sponsor Type:

- College
- Government
- National Youth Sports Program (NYSP)
- Non-profit (Private)
- Non-profit (Public)
- Residential Camp
- School Food Authority
- Other (please explain): _____

Are you tax exempt? Do you have a 501(c)(3)?

Yes

No

Section B – Program Details

Meal Types to Be Served:	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Dinner		
Number of Feeding Locations		Estimated Number of Children	
Dates of Operation:			
Do you prepare meals?	<input type="checkbox"/> Yes, I prepare meals myself <input type="checkbox"/> No, I buy meals		
Have you operated, or intend to operate, in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	State(s):	