



MARYLAND STATE DEPARTMENT OF EDUCATION
 CHILD AND ADULT CARE FOOD PROGRAM
 200 WEST BALTIMORE STREET
 BALTIMORE , MARYLAND 21201-2595
 (410) 767-0214

AT-RISK, AFTER-SCHOOL SNACK PROGRAM PRELIMINARY APPLICATION

SECTION 1: INSTITUTION INFORMATION

INSTITUTION NAME _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

Name, title, and phone number of the person within the institution who will be responsible for administering the At-Risk, After-School Snack Program and who can be contacted by our office:

NAME _____ TITLE _____
 PHONE NUMBER _____ E-MAIL _____

Does the program(s) provide after-school care that is structured and supervised? ___ Yes ___ No

SECTION 2: TAX STATUS

Check one to indicate tax status:

- Government Institution**
- Private Non-Profit Institution**
 If checked, attach a copy of the federal IRS letter of determination for 501(c)(3) status. If religious/ church sponsored, attach a letter from the religious/church institution documenting sponsorship of the center(s).
- Private For-Profit**

SECTION 3: AREA ELIGIBILITY DETERMINATION

List address(es) and County or City where the after-school program(s) will be held. List the school(s) that children could attend if they lived next to the after-school care center. Attach an additional sheet if more space is required. Our office will verify that at least 50 percent of the school's enrollment is certified eligible for free or reduced-price school meals.

Center Address	County/City	School Serving Center's Address (used to determine area eligibility)

SECTION 4: OTHER REQUIRED DOCUMENTATION

If you believe this Program will be beneficial to your institution, submit this preliminary application along with the documentation listed below:

A. Program Description

Provide a brief description of the educational or enrichment activities offered by the program.

B. Permits

Submit current fire/building safety and health/sanitation permits.

C. Menus

Submit one month's snack menu.

THE APPLICATION PROCESS

The application will be reviewed for completeness by the At-Risk, After-School Snack Program Specialist. (Incomplete applications will be returned.) When a complete Preliminary Application with the required attachments has been received, eligible institutions will receive an invitation from this office inviting them to attend a New Institution Training. At the training the Child and Adult Care Food Program will be explained and a Program application packet will be distributed. If you require assistance completing this application, call 410-767-0214 and ask to speak with the ARS Program Specialist.

SUBMISSION/CERTIFICATION

Make copies of all the forms for your files. Send an original copy of this preliminary application and one copy of all required documentation described above to: The Maryland State Department of Education, School and Community Nutrition Programs Branch, Attn: ARS Application, 200 W. Baltimore Street, Baltimore, MD 21201.

As the Authorized Representative, I certify that all information submitted on this application is current and correct, and that deliberate misrepresentation may result in termination from the Child and Adult Care Food Program.

Name of Person Completing This Application

Title

Date

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.