

AFTERSCHOOL MEALS PROGRAM (AMP)

Information Request Form

PART 1: CONTACT & LOCATION INFORMATION

Date _____ Organization Name _____ Contact Person _____

Phone _____ Email _____ Fax _____

County(s) of Operation _____

Physical Address _____ Suite/Apt/Etc. _____

City _____ State _____ Zip _____

If physical address and mailing address are different, please provide mailing address below. If not, leave blank.

Mailing Address _____ Suite/Apt/Etc. _____

City _____ State _____ Zip _____

PART 2: ORGANIZATION TYPE

Choose what best describes your organization below.

Government/public agency

School district

Private non-profit: Does your organization have 501(c)(3) proof?

Yes

No: Is your organization faith-based with a proof of state tax exemption?

Yes

No (you are not eligible)

For-profit: Is your organization a child care center already on CCFP?

Yes: Current CCFP authorization # _____

No (you are not eligible)

PART 3: CHILD CARE

Does your organization provide the afterschool care?

Yes

No: What organization provides the care? _____

Does your site(s) have a current child care license(s)?

Yes

No: Does your site(s) have a current license exemption letter from the local child care licensing agency?

Yes

No

[Click here](#) to learn more about child care licensing and criteria for licensure exemption. Prospective AMP sites should contact their local child care licensing office to seek proof of exemption or apply for a child care license if not already obtained.

What are the ages of the children to be served? (Check all that apply)

Birth to 5

6 to 12

13 to 18

Estimated enrollment total for all sites: _____

Continued...

PART 4: FOOD SERVICE

If you currently provide meals to the children at your site, please indicate the method below:

We do not currently provide meals

On-site preparation

Parents supply meals

Supplied from another site or central kitchen owned by the sponsor

Supplied by another site with no association to this site

Supplied by a local public school system

Site contracts with a caterer

Other (describe:_____)

Does your site(s) have a food service permit(s) or inspection report(s)?

Yes

No

AMP sites will need to secure food service inspections and permits if not already obtained. Sites with childcare licenses are usually inspected by the Department of Children and Families. Sites exempt from childcare licensure should contact their [local County Health Department](#), which will conduct the food service inspections in most cases. Some state and local fees may apply.

What meal types do you plan to offer under AMP? (Check all that apply)

Snacks

Suppers

To see AMP reimbursement rates, nutrition requirements, and a sample menu, [click here](#). To learn more about AMP meal pattern components, [click here](#).

Which method(s) of meal service will you use?

Purchase and serve only pre-packaged, non-perishable foods and drinks

Purchase and serve prepared food from a caterer

Prepare and serve food on site

Other (describe:_____)

Are you a Summer Food Service Program sponsor?

Yes

No

PART 5: SITE INFORMATION

Number of sites your organization plan to operate on AMP: _____

Will all of your sites be operated by personnel that are employees of your organization?

Yes (This means your staff will serve the food, record the meal count, and provide care for the children)

No (You must be a public agency or private non-profit corporation)

Are any of your sites Summer Food Service Program sites?

No

Yes: List site names here.

After filling out the requested information, select one of the following options to submit the form to DOH:

Save to your computer and email:

Tina.Mazanek@flhealth.gov

**FOR MORE INFORMATION VISIT
FLORIDAHEALTH.GOV/CCFP OR
CALL TINA MAZANEK
AT 850-245-4323**

Print and fax:

850-414-1622

Attn: Tina Mazanek, Division of
Community Health Promotion -
Bureau of Child Care Food
Programs

Print and mail:

Florida Department of Health

Attn: Tina Mazanek

Division of Community Health Promotion - Bureau of
Child Care Food Programs
4052 Bald Cypress Way, BIN # A-17
Tallahassee, FL 32399