



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
SPONSOR/SITE AGREEMENT FOR THE AT-RISK AFTERSCHOOL PROGRAM

NAME OF THE SPONSOR REQUESTING TO USE THE SITE FOR MEAL SERVICE:	
NAME OF SITE:	
ADDRESS OF SITE:	
NAME AND TITLE OF THE SITE'S OWNER/PROPERTY MANAGER/SCHOOL CONTACT:	
OWNER/PROPERTY MANAGER/SCHOOL CONTACT'S TELEPHONE NUMBER:	
THE SPONSOR NAMED ABOVE AGREES TO: Serve meals to children 18 years of age and under, or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled. Ensure attendance is taken and an enrichment activity is provided. Serve meals that meet the minimum meal pattern requirements. Provide staff that have been trained on all required topics to ensure there is adequate supervision of the site during the meal service. Monitor the site according to regulations and address any problems/issues found during meal service. Follow all safety and sanitation guidelines when preparing and serving meals, and maintain the site by removing all garbage and waste to the proper receptacles or by removing all trash from the site. Adhere to the Sponsor and Owner/Property Manager/School Contact's signed Site Agreement. Sponsor must notify the Owner/Property Manager/School Contact if the Sponsor is not able to comply with the above agreement. The Owner/Property Manager/School Contact may terminate the agreement with the Sponsor for failure to comply with the items listed on this agreement, but must give _____ days' notice for termination. The Site Property Owner/Manager agrees that the Sponsor may use this location to serve At-Risk Afterschool meals.	
SIGNATURES	
OWNER/PROPERTY MANAGER/SCHOOL CONTACT OF THE SITE	DATE
CACFP SPONSOR REPRESENTATIVE	DATE