This application is open for USDA Meal Sponsors to request equipment that will help sustain and expand the amount of summer and after school meals served to kids and teens in Little Rock. The Be Mighty Little Rock task force will review applications and select organizations to award equipment. Organizations are encouraged to request refrigerators, freezers, stoves, sinks, dishwashers, tables, chairs, Cambro containers, or other equipment that supports and sustains USDA meal programs in Little Rock. Organizations that would like to be considered should complete the application by March 29th, 2019. This opportunity is only available for sponsors operating meal programs in Little Rock, AR. Please contact the Be Mighty Project Coordinator at 501-918-3016 or kderossette@cals.org for more information. Submit electronic applications here, email PDF applications to kderossette@cals.org, or mail paper applications to the address below.
Attn: Kay Kay DeRossette (admin)
Central Arkansas Library System
100 S. Rock St.
Little Rock, AR 72201

Sponsor Information

1. Name of Organization *

2. First Name

3. Last Name

4. Title

5. Phone Number
6. Email Address


7. Address


8. City


9. Zip Code


10. Please check all that apply
    Check all that apply.

    ☐ My organization is approved to participate in the United States Department of Agriculture’s Summer Food Service Program (SFSP)
    ☐ My organization is approved to participate in the United States Department of Agriculture’s Child and Adult Care Food Program (CACFP-At Risk)
    ☐ My organization is submitting an application to participate in the United State Department of Agriculture’s Summer Food Service Program
    ☐ My organization is submitting an application to participate in the United States Department of Agriculture’s Child and Adult Care Food Program (CACFP-At Risk)

11. Please select the choice that best represents your organization. *
    Mark only one oval.

    ☐ Government Entity
    ☐ 501 (c) (3)
    ☐ Church
    ☐ Other:


Equipment Request and Impact
Be Mighty Little Rock will grant equipment to organizations that display a need to sustain and expand summer meal programs. Sponsors are encouraged to submit request for equipment in the amount of $500-$3,000. Equipment includes but is not limited to refrigerators, freezers, sinks, stoves, ovens, dishwashers, vent hoods, tables, chairs, and food carriers.
12. What type of equipment is needed to sustain and or expand meal services at your site(s)? Please include item(s) name, brand, quantity, cost, and link to purchase online or offline purchasing instructions.

[blank]

[blank]

[blank]

[blank]

13. What impact will having this equipment provide for your organization in regards to the sustainability or expansion of summer and or after school meal programs?

[blank]

[blank]

[blank]

[blank]

14. Is your organization in good standing with Arkansas Department of Human Services and Arkansas Department of Health?  
   Check all that apply.
   
   [ ] Yes, we are in good standing with Arkansas Department of Human Services and the Arkansas Department of Health.
   
   [ ] No, we currently have one or more corrective actions in place with either Arkansas Department of Human Services or Arkansas Department of Health.

15. Would your organization be interested in receiving meal tracking software?  
   Mark only one oval.
   
   [ ] Yes
   
   [ ] No  
   
   [ ] Maybe  
   
   Skip to question 18.

Meal Tracking Software and Technology

16. If the Arkansas Hunger Relief Alliance supplied your organization with three year access to meal tracking software would you use it?  
   Mark only one oval.
   
   [ ] Yes
   
   [ ] No
   
   [ ] Maybe
17. Does your organization have technology equipment to use the meal tracking software?  
Mark only one oval.

☐ Yes, we have access to a computer, smart phone, ipad, or tablet at each meal site.
☐ No, we would need a computer, smart phone, ipad, or tablet for the sites using the meal tracking software.
☐ Some of our sites have access to technology but not all of them.

Site Information

18. Site Name

19. Address (street, city, and zip)

20. Check all that apply  
Mark only one oval.

☐ This is a new site
☐ This site has participated in SFSP
☐ This site participates in CACFP

21. Is this an open site?  
Mark only one oval.

☐ Yes
☐ No

22. What meals will be served at this site?  
Mark only one oval.

☐ Breakfast
☐ Lunch
☐ Supper
☐ Snack

23. What days of the week will meals be served at this site?  
Mark only one oval.

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday
24. Enter the start and end dates for your summer meal program at this site.

25. Will your organization be sponsoring additional sites? *
   Mark only one oval.
   - Yes
   - No  *Stop filling out this form.

Site Information

26. Site Name

27. Address

28. Check all that apply
   Check all that apply.
   - This is a new site
   - This site has participated in SFSP
   - This site participates in CACFP

29. Is this an open site?
   Mark only one oval.
   - Yes
   - No

30. What meals will be served at this site?
   Check all that apply.
   - Breakfast
   - Lunch
   - Supper
   - Snack
31. **What days of the week will meals be served at this site?**
   *Check all that apply.*
   - [ ] Monday
   - [ ] Tuesday
   - [ ] Wednesday
   - [ ] Thursday
   - [ ] Friday
   - [ ] Saturday
   - [ ] Sunday

32. **Enter the start and end dates for your summer meal program at this site.**

33. **Will your organization be sponsoring additional sites?** *
   *Mark only one oval.*
   - [ ] Yes
   - [ ] No  *Stop filling out this form.*

*Stop filling out this form.*

**Site Information**

34. **Site Name**

35. **Address**

36. **Check all that apply**
   *Check all that apply.*
   - [ ] This is a new site
   - [ ] This site has participated in SFSP
   - [ ] This site participates in CACFP

37. **Is this an open site?**
   *Mark only one oval.*
   - [ ] Yes
   - [ ] No
38. **What meals will be served at this site?**
   *Check all that apply.*
   - [ ] Breakfast
   - [ ] Lunch
   - [ ] Supper
   - [ ] Snack

39. **What days of the week will meals be served at this site?**
   *Check all that apply.*
   - [ ] Monday
   - [ ] Tuesday
   - [ ] Wednesday
   - [ ] Thursday
   - [ ] Friday
   - [ ] Saturday
   - [ ] Sunday

40. **Enter the start and end dates for your summer meal program at this site.**

41. **Will your organization be sponsoring additional sites?** *
   *Mark only one oval.*
   - [ ] Yes
   - [ ] No  *Stop filling out this form.*

**Site Information**

42. **Site Name**

43. **Address**

44. **Check all that apply**
   *Check all that apply.*
   - [ ] This is a new site
   - [ ] This site has participated in SFSP
   - [ ] This site participates in CACFP
45. **Is this an open site?**  
*Mark only one oval.*

- Yes
- No

46. **What meals will be served at this site?**  
*Check all that apply.*

- Breakfast
- Lunch
- Supper
- Snack

47. **What days of the week will meals be served at this site?**  
*Check all that apply.*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

48. **Enter the start and end dates for your summer meal program at this site.**

49. **Will your organization be sponsoring additional sites?** *  
*Mark only one oval.*

- Yes
- No  
  *Stop filling out this form.*

**Site Information**

50. **Site Name**

51. **Address**
52. **Check all that apply**

*Check all that apply.*

- [ ] This is a new site
- [ ] This site has participated in SFSP
- [ ] This site participates in CACFP

53. **Is this an open site?**

*Mark only one oval.*

- [ ] Yes
- [ ] No

54. **What meals will be served at this site?**

*Check all that apply.*

- [ ] Breakfast
- [ ] Lunch
- [ ] Supper
- [ ] Snack

55. **What days of the week will meals be served at this site?**

*Check all that apply.*

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday

56. **Enter the start and end dates for your summer meal program at this site.**

57. **Will your organization be sponsoring additional sites?** *

*Mark only one oval.*

- [ ] Yes
- [ ] No  *Stop filling out this form.*

### Site Information

58. **Site Name**
60. **Check all that apply**
   
   *Check all that apply.*
   
   - [ ] This is a new site
   - [ ] This site has participated in SFSP
   - [ ] This site participates in CACFP

61. **Is this an open site?**
   
   *Mark only one oval.*
   
   - [ ] Yes
   - [ ] No

62. **What meals will be served at this site?**
   
   *Check all that apply.*
   
   - [ ] Breakfast
   - [ ] Lunch
   - [ ] Supper
   - [ ] Snack

63. **What days of the week will meals be served at this site?**
   
   *Check all that apply.*
   
   - [ ] Monday
   - [ ] Tuesday
   - [ ] Wednesday
   - [ ] Thursday
   - [ ] Friday
   - [ ] Saturday
   - [ ] Sunday

64. **Enter the start and end dates for your summer meal program at this site.**

65. **Will your organization be sponsoring additional sites?** *
   
   *Mark only one oval.*
   
   - [ ] Yes
   - [ ] No  *Stop filling out this form.*

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**Site Information**