

**ILLINOIS STATE BOARD OF EDUCATION**

Nutrition and Wellness Programs Division

100 North First Street, W-270

Springfield, Illinois 62777-0001

**SCHEDULE A – PROGRAM SITES\***

NAME AND ADDRESS OF SITE(S) WHERE PROGRAM WILL OPERATE	CONTACT PERSON	TOTAL NUMBER OF MEALS CLAIMED IN THE PREVIOUS YEAR <sup>1</sup>					TYPE OF MEAL	PROJECTED NUMBER OF MEALS (HDP) HIGHEST DAILY PARTICIPATION	ESTIMATED DELIVERY TIME FOR EACH MEAL	DATES OF PROGRAM (MM/DD/YYYY)	OFFER VS SERVE	
		Breakfast	AM Snack	Lunch	PM Snack	Supper						
#1      Site Number: _____	Telephone: _____						<input type="checkbox"/> Breakfast  <input type="checkbox"/> AM Snack  <input type="checkbox"/> Lunch  <input type="checkbox"/> PM Snack  <input type="checkbox"/> Supper	_____  _____  _____  _____  _____	_____  _____  _____  _____  _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Beginning Date	<input type="checkbox"/> Yes  <input type="checkbox"/> No
										<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ending Date	
#2      Site Number: _____	Telephone: _____						<input type="checkbox"/> Breakfast  <input type="checkbox"/> AM Snack  <input type="checkbox"/> Lunch  <input type="checkbox"/> PM Snack  <input type="checkbox"/> Supper	_____  _____  _____  _____  _____	_____  _____  _____  _____  _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Beginning Date	<input type="checkbox"/> Yes  <input type="checkbox"/> No
										<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ending Date	
#3      Site Number: _____	Telephone: _____						<input type="checkbox"/> Breakfast  <input type="checkbox"/> AM Snack  <input type="checkbox"/> Lunch  <input type="checkbox"/> PM Snack  <input type="checkbox"/> Supper	_____  _____  _____  _____  _____	_____  _____  _____  _____  _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Beginning Date	<input type="checkbox"/> Yes  <input type="checkbox"/> No
										<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ending Date	
#4      Site Number: _____	Telephone: _____						<input type="checkbox"/> Breakfast  <input type="checkbox"/> AM Snack  <input type="checkbox"/> Lunch  <input type="checkbox"/> PM Snack  <input type="checkbox"/> Supper	_____  _____  _____  _____  _____	_____  _____  _____  _____  _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Beginning Date	<input type="checkbox"/> Yes  <input type="checkbox"/> No
										<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Ending Date	

\* Information is subject to change

<sup>1</sup> Taken from previous year's claim numbers