

**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 # of Meals - (HDP) Highest Daily Participation	Estimated Delivery Time for Each Meal	Dates of Program (mm/dd/yy)	Offer vs Serve?
		Brkfst	AM Snack	Lunch	PM Snack	Supper					
#1 Parkland College Child Development Center  Site Number: <u>30191</u>	Melissa Munster  <a href="tel:(217)373-3777">(217) 373-3777</a>						Brkfst _____ AM Snk _____ Lunch <u>X</u> _____ PM Snk _____ Sup _____	# _____ # _____ # <u>50</u> _____ # _____ # _____	_____:_____ _____:_____ 11:00 _____:_____ _____:_____	12/1/2023	No
				6,157							11/30/2024
#2  Site Number: _____	Telephone:( ) _____						Brkfst _____ AM Snk _____ Lunch _____ PM Snk _____ Sup _____	# _____ # _____ # _____ # _____ # _____	_____:_____ _____:_____ _____:_____ _____:_____ _____:_____	Beginning Date	
										Ending Date	
#3  Site Number: _____	Telephone:( ) _____						Brkfst _____ AM Snk _____ Lunch _____ PM Snk _____ Sup _____	# _____ # _____ # _____ # _____ # _____	_____:_____ _____:_____ _____:_____ _____:_____ _____:_____	Beginning Date	
										Ending Date	
#4  Site Number: _____	Telephone:( ) _____						Brkfst _____ AM Snk _____ Lunch _____ PM Snk _____ Sup _____	# _____ # _____ # _____ # _____ # _____	_____:_____ _____:_____ _____:_____ _____:_____ _____:_____	Beginning Date	
										Ending Date	
#5  Site Number: _____	Telephone:( ) _____						Brkfst _____ AM Snk _____ Lunch _____ PM Snk _____ Sup _____	# _____ # _____ # _____ # _____ # _____	_____:_____ _____:_____ _____:_____ _____:_____ _____:_____	Beginning Date	
										Ending Date	

\* Information is subject to change

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