

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 ¹					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>	Jennifer Somers (217) 373-3777						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

¹ Taken from previous year's claim numbers