

PROVISION 2 SITE APPLICATION

(Must complete one form per site indicated in the Educational Directory)

Name of Scho	ol District:
County/Distric	et Number:
Name of Site:	
	Currant Date:
Contact Name	:
Telephone Number: Fax Number:	
Email Addres	s:
breakfast mea	e whether this site will be participating in Provision 2 for lunch meals only, ls only, or for both lunch and breakfast meals.
Signature of Authorized Representative Date	
Return to:	 Email: Alicia Young at <u>Alicia.Young@sde.ok.gov</u>; or Fax: (405) 521-2239; <i>Or</i> Mail: Oklahoma State Department of Education Child Nutrition Programs, Room 310 2500 North Lincoln Blvd Oklahoma City, OK 73105-4599

All applications must be returned by August 1, prior to the beginning of the base year.