

**Frisco ISD Nutrition Program  
Special Events/After Hours Kitchen Use 2018-2019**

Campus \_\_\_\_\_ Host Group \_\_\_\_\_  
Date of Event \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_  
Type of Event \_\_\_\_\_ # of people expected \_\_\_\_\_

Has the principal been informed of after school/weekend use?     YES     NO

Have you obtained the Temporary Food Establishment Permit?     YES     NO

*This form is required. You are responsible for obtaining this permit from the Health Department. A copy of the permit must be provided with this form.*

Facility rental/Custodians must be coordinated through Jean Corzine at 469.633.6502

Number of CNP Employees requested \_\_\_\_\_ Hours that Access to Kitchen/Employee is needed\* \_\_\_\_\_  
Employee will be on site 30 minutes prior to start time and up to 30 minutes after access to kitchen is no longer needed.

At least one CNP employee is required to be present in the kitchen during access times. The charge per employee is \$50.00 per hour with a minimum of three (3) hours. The kitchen must be left clean, with the floor swept and mopped. Failure to do this will result in a \$250.00 clean up fee.

DO YOU NEED THESE ITEMS PROVIDED BY OUR DEPARTMENT? If yes, please indicate what you will need.

Equipment \_\_\_\_\_  
Cooking supplies \_\_\_\_\_  
Food \_\_\_\_\_  
Beverages \_\_\_\_\_  
Paper Products \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_

**Event Contact**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

**Billing Information**

Name/Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Budget code (if applicable) \_\_\_\_\_

Special Events are invoiced after the conclusion of the event. A deposit of fifty percent (50%) may be required prior to confirming event. An estimate of costs may be provided upon request. Cancellation or changes to food order after order has been placed with vendor may result in penalty or forfeiture of deposit.

Return completed form via email to:  
Tammy Lavender  
lavendert@friscoisd.org

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider. 06-2018