# Child Nutrition Program
# New Site Application

Sponsor Number: _____

Sponsor Name: _____

Official Site Name: _____

(School Buildings Only) KSDE-Assigned Building Number: _____

(School Building Only) If no KSDE-Assigned Building Number indicated above, has a KSDE-assigned building number been requested? ☐ Yes ☐ No

Site Location (Address and City): _____

Site Type:

☐ Public

☐ Private For-Profit

☐ Private Non-Profit

Program(s) Site will participate on:

☐ School Nutrition Program (SNP)

☐ Child and Adult Care Food Program (CACFP)

If site will participate on CACFP, indicate at least one site type below:

     ☐ Child Care Center

     ☐ Head Start

     ☐ Outside School Hours Care

     ☐ At-Risk Afterschool Meals/Snacks

     ☐ Adult Day Care Center

     ☐ Emergency Shelter

☐ Summer Food Service Program (SFSP)