

# Child & Adult Care Food Program (CACFP) Program Initiation Application

## Organization Identification

Organization's Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

UEI Number (required): \_\_\_\_\_

For instructions, go to: [https://www.fsd.gov/sys\\_attachment.do?sys\\_id=3866d0061b13b8106397ec21f54bcb72](https://www.fsd.gov/sys_attachment.do?sys_id=3866d0061b13b8106397ec21f54bcb72)

Check one:

- Nonprofit (Secular) Organization  
 Nonprofit (Faith-based) Organization  
 Private For Profit Organization  
 Unit of Local, County, Municipal, State or Federal Government  
 Public or Private Non-Profit College or University  
 Educational

Yes  No Is this organization exempt from Federal Income Tax under Section 501c(3) of the Internal Revenue Code of 1986? If yes, attach a copy of the letter from the IRS granting tax exempt status.

Yes  No Has this organization or its principals ever been declared seriously deficient in its operation of a federal Child Nutrition Program?

Describe the primary purpose of the organization?  
\_\_\_\_\_  
\_\_\_\_\_

How many sites does the Organization plan to sponsor? \_\_\_\_\_

*Complete a Center Site Application for each site that the organization plans to sponsor.*

### Mailing Address

Address: \_\_\_\_\_

Address (continued): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Street Address

Address: \_\_\_\_\_

Address (continued): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Check if the street address is the same as the mailing address.

### Authorized Representative

Will the following person be the contact for the CACFP?  Yes  No

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Civil Rights Review**

- Yes  No Has any lawsuit filed been filed against the organization alleging discrimination on the basis of race, color or national origin?  
If yes, attach a separate sheet of paper detailing the specifics circumstances of the lawsuit.
- Yes  No Have any complaints been received by the organization alleging discrimination on the basis of race, color or national origin?  
If yes, attach a separate sheet of paper detailing the specifics circumstances of these complaints.
- Yes  No Does the applicant have any pending applications to other Federal agencies for assistance?  
If yes, list the pending applications for Federal assistance in the space below.

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List any Federal assistance the organization currently receives.

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Describe any civil rights compliance reviews conducted of the organization during the prior two years. Specify the agency or organization conducting the review.

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- Yes  No Does the program organization agree to compile and maintain records required by the USDA Food and Nutrition Service’s civil rights guidelines or other directives received from KSDE or FNS?

**Racial/Ethnic Information**

List the percentage of people in your surrounding geographical area and percentage of your total enrollment by ethnicity and racial category. The surrounding geographical area is the county(ies) where the site(s) is located and you can use the census information available on the Internet ([www.census.gov](http://www.census.gov), select “Kansas” in the **QuickFacts**. Select your county and Race and Hispanic Origins).

	Hispanic or Latino	Non Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Native Pacific Islander	White	Two or More Races
Surrounding Area (percentage)								
Estimated Participants (percentage)								

## 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 (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)