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://sam.gov/content/entity-registration

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	Street Address
Address: _____	Address: _____
Address (continued): _____	Address (continued): _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
County: _____	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.

_____

_____

List any Federal assistance the organization currently receives.

_____

_____

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

_____

_____

☐ 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, 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 (Address, City, County): _____

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 in 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)

   If site will participate in SFSP, indicate one Meal Service Type and Site Qualification.

Meal Service Type	**Site Qualifications**
☐ Congregate Meal Service	☐ Conditional Non-Congregate
☐ Non-Congregate Meal Service	☐ Open
☐ Hybrid (serves both congregate and non-congregate meals)	☐ Open Restricted
	☐ Enrolled
	☐ Residential Camp
	☐ Non-residential Camp
	☐ Migrant