

Summer Food Service Program (SFSP) Program Initiation Application

Applications must be received by April 15.

Please print legibly or type.

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

Check one:

- Public or Private Nonprofit School Food Authority
 Private Nonprofit Organization
 A Unit of Local, County, Municipal, State Government
 Public or Private Non-profit College or University that is participating in the National Youth Sports Program
 Public or Private Non-profit Residential Summer Camp

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 Does this organization provide an ongoing year-round service to the community that would be served by the Summer Food Service Program? If yes, describe the nature of the service and the date it was instituted. If no, organization is ineligible to participate in the SFSP.

Nature of Service: _____

Date Instituted: _____

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

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 SFSP? Yes No

Name: _____

Title: _____

Phone: _____ Ext: _____

Alternate 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?

I certify that the information submitted in this application and accompanying attachments, Site Application and Additional SFSP Documents are true and correct and that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Signature

Date

Printed Name

Internal use only:

Date application received by KSDE: _____

Date determined eligible or not eligible: _____

Notification sent to organization: _____

Child Nutrition Program New Site Application

Complete a separate new site application form for each site

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)