

# 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: [www.sam.gov](http://www.sam.gov)

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 or Upward Bound
- 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?

Yes  No Does this organization operate other federal Child Nutrition Programs in other states? If yes, indicate program (School Nutrition Program, Child and Adult Care Food Program, Summer Food Service Program) and state.

### 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

**Please print legibly.**

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?

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

# 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, 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**

- Congregate Meal Service
- Non-Congregate Meal Service
- Hybrid (serves both congregated and non-congregated meals)

**Site Qualifications**

- Conditional Non-Congregate
- Open
- Open Restricted
- Enrolled
- Residential Camp
- Non-residential Camp
- Migrant