# State of Kansas Food Service Management Company Application for Registration July 1, 2024 – June 30, 2025

**Instructions:**

Complete this form by using your <Tab> key to move from one field to the next. Make sure to include an original signature on page 3. Mail the completed *State of Kansas* *Food Service Management Company* *Application for Registration*, *Certification Regarding Debarment*, *Certification Regarding Lobbying Activities* and the *Disclosure of Lobbying Activities* to:

Child Nutrition & Wellness

Kansas State Department of Education

Landon State Office Building

900 SW Jackson Street, Ste. 251

Topeka, KS 66612-1212

If you have questions about these forms, contact Child Nutrition & Wellness at [CNW@ksde.org](mailto:CNW@ksde.org) or at 785-296-2276.

**Completed forms must be received on or before December 8, 2023, by**

**Child Nutrition & Wellness, Kansas State Department of Education**

**A – Food Service Management Company (FSMC) Identification**

1. Record the legal name and address of the FSMC.

Company Name:

Address:

City, State, Zip Code:

1. Record the information below as it should appear in the Kansas FSMC Directory.

Company Name:

Contact Person(s):

Mailing Address:

Telephone Number:

Fax Number:

Email Address:

**B – Corporate Profile**

1. Is the company incorporated?  Yes  No

If YES, list month, year and State where incorporated:

1. List other names your company is presently using or has used in the past two (2) years. If there are no other company names, enter “NA”.

1. Has the FSMC ever provided meals for the following USDA Child Nutrition Programs?

National School Lunch/School Breakfast Program (NSLP/SBP)....  Yes  No

Child and Adult Care Food Program (CACFP)……………………………..  Yes  No

Summer Food Service Program (SFSP)…………………………………..….  Yes  No

1. If the preceding question is answered YES and the meals were provided in Kansas, complete the following information or attach an additional sheet for each organization in Kansas that received meals.

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| --- | --- | --- | --- |
| **Child Nutrition**  **Program** | **Organization**  **Name** | **Address** | **Phone Number /**  **Contact Information** |
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### C – Personnel Profile

List name and title of each individual authorized to sign contracts on behalf of the company.

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| --- | --- |
| **Name** | **Title** |
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# **D – Additional Information**

1. List the names of organizations in Kansas that have current FSMC contracts with your company but **DO NOT** participate in the USDA Child Nutrition Programs.

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| --- | --- | --- |
| **Organization Name** | **Address** | **Phone Number** |
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1. List minimum conditions that must be met for the criteria listed below and any other requirements in order for the company to consider submitting a proposal/bid to a Child Nutrition Program sponsor:

Minimum annual revenue:

Minimum number of meals served per day:

Minimum number of schools:

Additional requirements:

1. Indicate programs that FSMC wants to provide meals for:

Child and Adult Care Food Program

Summer Food Service Program

School Nutrition Programs

All Child Nutrition Programs

#### **E – Certification**

Complete the following information for the FSMC official submitting registration documents:

Name:

Title:

Phone Number:

Fax Number:

Email Address:

I certify that the information supplied on this application is true, complete and correct to the best of my knowledge. Any false statement or misrepresentation may be punishable by law (18 U.S.C.1001).

Original Signature of Individual Named Above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| USDA logo | Kansans CAN logo | For more information, contact:  Kelly Chanay  Asst. Director,  Child Nutrition & Wellness  (785) 296-2276  [https://cnw.ksde.org](https://cnw.ksde.org/)  [kchanay@ksde.org](mailto:kchanay@ksde.org) | Kansas State Department of Education  900 S.W. Jackson Street, Suite 102  Topeka, Kansas 66612-1212  (785) 296-3201  [www.ksde.org](http://www.ksde.org/) |

**Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

1. **fax:**

(833) 256-1665 or (202) 690-7442; or

1. **email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov)