**School Nutrition Programs - Initial Application for Sponsors**

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| **A. Sponsor Identification***A sponsor is a public school district, private school, or residential child care institution.*Sponsor Name:      Federal ID (FEIN):      UEI:      Type: Check one. [ ]  Public [ ]  Private Non-Profit [ ]  Yes [ ]  No Is this sponsor exempt from Federal Income Tax under Section 501c(3) of the Internal Revenue Code of 1954? if yes, attach a copy of the letter from the IRS granting tax exempt  status.County:       |
| **B. Mailing Address** | **C. Street Address** |
| Address:       | Address:       |
| Address (cont.):        | Address (cont.):        |
| City:       | City:       |
| State:       Zip:        | State:       Zip:       |
| County:       | County:       |
| [ ]  Check if the street address is the same as the mailing address. |
| **D. Contact Person** |
| Name *(First, Middle, Last*):       | Title:       |
| Phone:       Ext:       | Alternate Phone:       Ext:       |
| Fax:       | E-mail:       |
| **E. Meal Purchasing / Serving Information** |
| [ ] Yes [ ]  No  | Does this sponsor contract with a Food Service Management Company (FSMC)? |
|  | If yes, what is the name of the company?       |
|  | Current contract begin date (month/day/year):       |
| [ ] Yes [ ]  No | Does this sponsor purchase meals from another sponsor? |
|  | If yes, enter the name of the other Sponsor:       |
| [ ] Yes [ ]  No  | Price paid for: Breakfast:       Lunch:       Snacks:      Does this sponsor serve and/or prepare meals for other organizations, i.e., child care centers, senior citizens, meals on-wheels, etc.? If yes, what is the estimated number of meals prepared/served?       |
| [ ] Yes [ ]  No | Does this sponsor currently participate in any federal nutrition programs? If so, specify the program(s):       |

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| **F. Programs** |
|  | Check “Yes” for each program in which the organization wants to participate. |
| [ ] Yes [ ]  No  | School Lunch Program |
| [ ] Yes [ ]  No  | School Breakfast Program |
| [ ] Yes [ ]  No  | Afterschool Snack Program (only available in schools operating the lunch program) |
| [ ] Yes [ ]  No  | Special Milk Program (only available for children who do not have access to the lunch or breakfast program) |
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| **G. Site Names** |
| List the official name of each site where enrolled students will be served school meals. Also list the name of any site where meals are only prepared for students (i.e. meals are not served at that location). |
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| **H. Deposit of Reimbursement Funds** |
| [ ] Yes [ ]  No  | Will the sponsor want reimbursement payments to be directly deposited? |
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| **Civil Rights Review** [ ]  Yes [ ]  No Has any lawsuit 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 specific 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 specific 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 SNP 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |