**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |