Child Nutrition Program (CNP) 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 Non-Profit
- ☐ Private For-Profit

  If CACFP, provide Federal Employer Identification Number (FEIN) for site: _____

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 congregate and non-congregate meals)

Site Qualifications

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

For more information, contact:

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