



Summer Food Service Program (SFSP)

Initiation Application

Organization Identification

Organization's Name: _____

Federal Employer Identification Number (FEIN): _____

UEI Number (required): _____

For instructions, go to: www.sam.gov. Request a Unique Entity ID only. Do NOT complete Entity Registration.

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 501(c)(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 (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:

Kelly Chanay
Director, Child Nutrition & Wellness
(785) 296-2276
<https://cnw.ksde.gov>
kelly.chanay@ksde.gov

Kansas State Department of Education
900 S.W. Jackson Street, Suite 102
Topeka, Kansas 66612-1212
(785) 296-3201
www.ksde.gov

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