

Summer Food Service Program (SFSP) Program Initiation Application

Applications must be received by April 15

A. Organization Identification

Organization's Name: _____

Federal Employer Identification Number (FEIN): _____

DUNS Number: _____

Check one:

- Public or Private Nonprofit School Food Authority
 Public or Private Nonprofit Residential Camp
 Private Nonprofit Organization
 A Unit of Local, County, Municipal, State or Federal Government
 Public or Private Non-profit College or University
 Public or Private Non-profit Residential Summer Camp

Yes No Is this organization exempt from Federal Income Tax under Section 501c(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?

B. Mailing Address

Address: _____

Address (continued): _____

City: _____

State: _____ Zip: _____

County: _____

C. Street Address

Address: _____

Address (continued): _____

City: _____

State: _____ Zip: _____

County: _____

Check if the street address is the same as the mailing address.

D. Contact Person

Will the following person be the Authorized Representative for the SFSP? Yes No

Name: _____ Title: _____

Phone: _____ Ext: _____ Alternate Phone: _____ Ext: _____

E-mail: _____

E. Meal Purchasing / Serving Information

- Yes No 1. Does this organization plan to prepare its own meals? Indicate the estimated number of meals to be prepared daily: _____ Breakfast _____ Snack _____ Lunch _____ Snack _____ Supper
- Yes No 2. Will meals be prepared on-site at the street address listed? If NO, provide address:

- Yes No 3. Does this organization have experience meeting meal pattern requirements?
- Yes No 4. Does this organization have a food service license?
- Yes No 5. If meals will not be prepared by this organization, does the organization plan to contract with a School Food Authority (SFA) or Food Service Management Company (FSMC)?
If yes, what is the name of the SFA or FSMC? _____
- Yes No 6. Does this organization serve and/or prepare meals for other organizations (i.e., child care centers, senior citizens, meals on-wheels, etc.)?
If so, what is the estimated number of meals prepared/served? _____
- Yes No 7. Does this organization currently participate in any federal Child Nutrition Program?
If so, specify the program(s): _____
- Yes No 8. Does this organization's accounting system maintain information on income (i.e. sales, other revenue) and expenditures (i.e. costs for administration, food, labor, etc.)?
- Yes No 9. Does this organization have income other than expected SFSP reimbursement?
If so, what is the source of this revenue? _____
10. Daily meal count forms and employee time sheets, per site, will be collected:
 Daily Weekly Twice Monthly Monthly
- Yes No 11. Will the organization use direct deposit?
- Yes No 12. Will the organization request an advance payment?

F. 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.

F. Civil Rights Review, continued

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?

G. Site Information

How many sites does the Organization plan to sponsor? _____

Location(s) of sites:

Narrative/description of sites

Will there be programming at the sites?

I certify that the information submitted in this application and accompanying attachments, Site Application is true and correct and that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Signature

Date

Print Name

Internal use only:

Date application received by KSDE: _____

Date determined eligible or not eligible: _____

Notification sent to organization: _____

Summer Food Service Program (SFSP) Initial Site Application

Please complete a separate Initial Site Application form for each additional site

A. Sponsor/Site Information	
Sponsor Name: _____	Sponsor Number: _____
Site Name: _____	Site Number: _____
B. Mailing Address	C. Street Address
Address: _____	Address: _____
Address (continued): _____	Address (continued): _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
County: _____	County: _____
<input type="checkbox"/> Check if the street address is the same as the mailing address.	
D. Site Supervisor	
Name: _____	Fax: _____
Title: _____	E-mail: _____
Phone: _____ Ext: _____	Contact Address: <input type="checkbox"/> Mailing Address
Alternate Phone: _____ Ext: _____	<input type="checkbox"/> Street Address
E. Site Qualification	
Site Type:	
<input type="checkbox"/> Open Site Using School or School Boundary Data. Year of documentation: _____ If using school data, complete the following: _____ + _____ = _____ ÷ _____ = _____ Reduced Price Students + Free Students = Total Reduced Price/Free ÷ Total Enrollment = Percent Eligible School name <u>OR</u> boundaries of area to be served: _____	
<input type="checkbox"/> Open Site Using Census Block Group or Census Tract Data. Specify the GEO ID Number: _____	
<input type="checkbox"/> Open Site Using Community Eligibility	
<input type="checkbox"/> Migrant Site. Submit documentation from a migrant organization.	
<input type="checkbox"/> Site Operated by a Tribal Organization	
<input type="checkbox"/> Enrolled Site. Applications documenting eligibility of enrollees are <input type="checkbox"/> collected and/or <input type="checkbox"/> on file. Estimated number of eligible children: _____	
<input type="checkbox"/> Residential Camp. Applications documenting eligibility of enrollees are <input type="checkbox"/> collected and/or <input type="checkbox"/> on file. Estimated number of eligible children: _____	
<input type="checkbox"/> Nonresidential Camp. Applications documenting eligibility of enrollees are <input type="checkbox"/> collected and/or <input type="checkbox"/> on file. Estimated number of eligible children: _____	
<input type="checkbox"/> National Youth Sports Program. Applications documenting eligibility of enrollees are <input type="checkbox"/> collected and/or <input type="checkbox"/> on file or <input type="checkbox"/> Another method of documentation is used. If another method is used, explain: _____	
Estimated number of eligible children: _____	

F. Operating Dates

Begin Date: _____ End Date: _____

Number of Operating Days:

May: _____ Jun: _____ Jul: _____ Aug: _____ Sep: _____ Oct: _____
 Nov: _____ Dec: _____ Jan: _____ Feb: _____ Mar: _____ Apr: _____

Total Operating Days: _____

G. Days of Operation

Mon Tues Wed Thurs Fri Sat Sun

Yes No Are all meal types selected below (in Part H) available every day? If not, describe any variations in the meal service schedule.

H. Meal Service

Meal Type	Menu Planning Option: See codes listed below.	Offer or Serve	Shift Feeding Yes or No	Begin Time	End Time	Anticipated Daily Attendance	Self-Prep or Vended	Total Days Served
<input type="checkbox"/> Breakfast								
<input type="checkbox"/> AM Snack		Serve						
<input type="checkbox"/> Lunch								
<input type="checkbox"/> PM Snack		Serve						
<input type="checkbox"/> Supper								

Menu Planning Option Codes – Enter one of the following codes for each meal type selected in the above table.
 SFSP = Summer Food Service Program Pattern
 NSLP/SBP = National School Lunch Program/School Breakfast Program

Does this site have a Kansas Food Establishment License? Yes No

If yes, date of last inspection: _____

If yes, provide license number: _____

I. Activities at Site

- Cultural Recreational program
 No organized activities Summer school
 Other – Describe: _____