

# 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 (required): \_\_\_\_\_

For instructions, go to: <https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm>

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): \_\_\_\_\_
8. Describe how this organization maintains an accounting system documenting and tracking 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?  
If yes, the request will be submitted by the organization on the Sponsor Application in KN-CLAIM.

### 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.

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. Please provide address if available:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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

#### 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

<b>A. Sponsor/Site Information</b>	
Sponsor Name: _____	Sponsor Number: _____
Site Name: _____	Site Number: _____
<b>B. Mailing Address</b>	<b>C. Street Address</b>
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.	
<b>D. Site Supervisor</b>	
Name: _____	Fax: _____
Title: _____	E-mail: _____
Phone: _____ Ext: _____	Contact Address: <input type="checkbox"/> Mailing Address
Alternate Phone: _____ Ext: _____	<input type="checkbox"/> Street Address
<b>E. Site Qualification</b>	
<b>Site Type:</b>	
<input type="checkbox"/> <b>Open Site Using School or School Boundary Data.</b> 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"/> <b>Open Site Using Census Block Group or Census Tract Data.</b> Specify the GEO ID Number: _____	
<input type="checkbox"/> <b>Open Site Using Community Eligibility</b>	
<input type="checkbox"/> <b>Migrant Site.</b> Submit documentation from a migrant organization.	
<input type="checkbox"/> <b>Site Operated by a Tribal Organization</b>	
<input type="checkbox"/> <b>Enrolled Site.</b> 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"/> <b>Residential Camp.</b> 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"/> <b>Nonresidential Camp.</b> 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"/> <b>National Youth Sports Program.</b> 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: \_\_\_\_\_

## Additional SFSP Documents

**Complete and Submit ONLY those documents that apply to your organization.**

Answer the following questions. Complete this checklist and return the appropriate forms indicated below with the SFSP Program Initiation documents.

Organization Name: \_\_\_\_\_

1. Yes No Does the sponsor collect new eligibility documentation (i.e. Application for Meal Benefits) for SFSP participants?  
If yes, return one copy of each document listed below and check the boxes to indicate that they are enclosed.  
 **Letter to Parents/Guardians Regarding SFSP Availability**  
 **Application for Meal Benefits**
  
2. Yes No Does the sponsor contract with a school sponsor to provide SFSP meal service?  
If yes, return one completed and signed copy of the document listed below and check to indicate that it is enclosed.  
 **Agreement for a School Sponsor to Provide Meals**
  
3. Yes No Does the sponsor contract with a Food Service Management Company to provide SFSP meal service?  
If yes, return one completed and signed copy of the document listed below and check to indicate that it is enclosed.  
 **Agreement for a Food Service Management Company to Provide Meals**
  
4. Yes No Does the sponsor contract for meal service with a Food Service Management Company that is NOT currently registered with KSDE?  
If yes, return one completed and signed copy of the document listed below and check to indicate that it is enclosed.  
 **Food Service Management Company Registration**
  
5. Yes No Does the sponsor contract for meal service and wish to request a waiver from KSDE from the SFSP requirement that each meal is provided as a unit (i.e. "unitized")  
If yes, return one completed and signed copy of the document listed below and check to indicate that it is enclosed.  
 **Waiver to Unitized Meals Requirement**