

# Summer Food Service Program (SFSP) Program Initiation Application

Applications must be received by April 15

## 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  
 Private Nonprofit Organization  
 A Unit of Local, County, Municipal, State 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?

### 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.

### Contact Person

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Alternate 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

**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

### Sponsor/Site Information

Sponsor Name: \_\_\_\_\_ Sponsor Number: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site Number: \_\_\_\_\_

### Street Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

### Site Qualification

**Site Type:**

**Open Site Using School Boundary Data.** Name of school \_\_\_\_\_  
Year of documentation: \_\_\_\_\_  
Complete the following:

$$\underline{\hspace{1cm}} + \underline{\hspace{1cm}} = \underline{\hspace{1cm}} \div \underline{\hspace{1cm}} = \underline{\hspace{1cm}}$$

Reduced Price Students + Free Students = Total Reduced Price/Free ÷ Total Enrollment = Percent Eligible

**Open Site Using Census Block Group or Census Tract Data.** Specify the GEO ID Number: \_\_\_\_\_

**Open Site Using Community Eligibility**

**Migrant Site.** Submit documentation from a migrant organization.

**Site Operated by a Tribal Organization**

**Enrolled Site:** Estimated number of eligible children: \_\_\_\_\_

1. Applications documenting eligibility of enrollees are  collected and/or  on file.  
OR

2. Site qualifies based on census data. Specify the GEO ID number: \_\_\_\_\_  
OR

3. Site qualifies based on school boundary data. Name of school \_\_\_\_\_  
Year of documentation: \_\_\_\_\_  
Complete the following:

$$\underline{\hspace{1cm}} + \underline{\hspace{1cm}} = \underline{\hspace{1cm}} \div \underline{\hspace{1cm}} = \underline{\hspace{1cm}}$$

Reduced Price Students + Free Students = Total Reduced Price/Free ÷ Total Enrollment = Percent Eligible

**Residential Camp.** Applications documenting eligibility of enrollees are  collected and/or  on file.  
Estimated number of eligible children: \_\_\_\_\_

**Nonresidential Camp.** Applications documenting eligibility of enrollees are  collected and/or  on file.  
Estimated number of eligible children: \_\_\_\_\_

**National Youth Sports Program.** Applications documenting eligibility of enrollees are  collected and/or  on file or  Another method of documentation is used. If another method is used, explain:

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

Estimated number of eligible children: \_\_\_\_\_

### Operating Dates

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### Days of Operation

Mon    Tues    Wed    Thurs    Fri    Sat    Sun

Yes    No   Are all meal types selected below available every day?  
If no, describe any variations in the meal service schedule.

\_\_\_\_\_

\_\_\_\_\_

### 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