# 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 that is participating in the National Youth Sports Program
- [ ] 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: ____________________________ |
| Address (continued): ____________________________ | Address (continued): ____________________________ |
| City: ____________________________ | City: ____________________________ |
| State: ____________________________ Zip: ___________ | State: ____________________________ Zip: ___________ |
| County: ____________________________ | County: ____________________________ |

- [ ] Check if the street address is the same as the mailing address.

## Street Address

| Address: ____________________________ | Address: ____________________________ |
| Address (continued): ____________________________ | Address (continued): ____________________________ |
| City: ____________________________ | City: ____________________________ |
| State: ____________________________ Zip: ___________ | State: ____________________________ Zip: ___________ |
| County: ____________________________ | County: ____________________________ |

## Authorized Representative

Will the following person be the contact 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: ____________________________
Child Nutrition Program
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 (City): _______________________________________________________

Site Type:

☐ Public

☐ Private For-Profit

☐ Private Non-Profit

Program(s) Site will participate on:

☐ School Nutrition Program (SNP)

☐ Child and Adult Care Food Program (CACFP)

☐ Summer Food Service Program (SFSP)

If site will participate on 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