

Summer Food Service Program (SFSP) New Sponsor Paper Application Instructions:

Prior sponsors should log into the web-based system to submit their application. If you need a new user ID please submit the Network User Access Request form to the address/fax number listed below. If you have forgotten your user ID or password, please call DHSS-CFNA at 888-435-1464.



- ❖ The training flyer is enclosed for your convenience. Federal regulations require new SFSP sponsors to attend training. **All prior sponsors are required to attend training in 2016.** If you have new personnel, it is highly recommended they participate in the new sponsor training.
- ❖ The six-page Sponsor Application and the three-page Site Information Sheet (one for each site) must be completed.
- ❖ A completed Policy Statement.
- ❖ **Vended sponsors:** please be sure to complete the Food Service Management Company name and address on Page 1 of the sponsor application. Please note that final approval of your application is pending receipt of your signed FSMC contract. *See the Vended Sponsor's Guide at: <http://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/laws.php> for information on required procurement procedures.*
- ❖ The Network User Access Request form may be completed for one to two individuals for access to the SFSP database.
- ❖ Please be sure all questions are complete and that all the forms have been **signed and dated**.
- ❖ Vendor Input/ACH-EFT Application must be completed in order to establish direct deposit. Direct deposit is required.
- ❖ The Income Eligibility Guidance is for sponsors of **camps or enrolled sites**. Sponsors of camps or enrolled sites must keep documentation of income eligibility on file. Refer to the instructions and forms included in the booklet.
- ❖ It is required that you train your program personnel; please use the Documentation of Training form as your sign-in sheet for your training session(s).

Be sure to keep a copy of the application for your records.

Please submit **the complete, signed and dated application** to the following address by the deadline dates listed in the application letter.

Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
920 Wildwood (for shipping services such as UPS or FEDEX) or via fax: 573-526-3679
P.O. Box 570 (for U.S. Mail)
Jefferson City, MO 65102

If you have questions about the application forms, the approval process, or need technical assistance, please call our toll free number 1-888-435-1464.