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|  ORGANIZATION NAME (AS REGISTERED WITH SECRETARY OF STATE)      |
| STREET ADDRESS OF ORGANIZATION      |
| CITY      | STATE       | ZIP CODE      | COUNTY      |
| CONTACT NAME      |
| EMAIL ADDRESS      | PHONE NUMBER   -   -     |
| SELECT THE IRS STATUS OF YOUR ORGANIZATION[ ]  PUBLIC [ ]  NONPROFIT [ ]  N/A GOVERNMENT, PUBLIC SCHOOL OR UNIVERSITY |
| WHAT IS YOUR FEDERAL EMPLOYER INDENTIFICATION NUMBER (FEIN)?      |
| DOES THIS ORGANIZATION CURRENTLY PARTICIPATE ON SFSP THROUGH ANOTHER SPONSORING ORGANIZATION?[ ]  YES [ ]  NOIF YES, NAME OF ORGANIZATION        |
| DOES THIS ORGANIZATION CURRENTLY PARTICIPATE IN CACFP?[ ]  YES [ ]  NO |
| HOW LONG HAS YOUR PROGRAM BEEN OPERATING?      |
| HOW MANY SITES DO YOU PLAN TO OPERATE ON THE SFSP?      |
| DOES THIS ORGANIZATION CURRENTLY PARTICIPATE ON SFSP IN ANOTHER STATE?[ ]  YES [ ]  NOIF YES, SPECIFY STATE       |
| **STEP 2: SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE** |
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| PLEASE NOTE, AS PART OF THE SFSP APPLICATION, SPONSOR WILL BE REQUIRED TO PROVIDE DOCUMENTATION OF FINANCIAL VIABILITY, ADMINSITRATIVE CAPABILITY, AND PROGRAM ACCOUNTABILITY. |
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| **YOU MUST SUBMIT COMPLETED POTENTIAL SFSP SPONSOR QUESTIONNAIRE AND SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE TO** **SFSP@HEALTH.MO.GOV** |
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| **SITE ELIGIBILITY QUESTIONNAIRE** |
| **COMPLETE A SEPARATE FORM FOR EACH SITE** |
| NAME OF SITE      |
| STREET ADDRESS OF SITE      |
| CITY      | STATE       | ZIP CODE      | COUNTY      |
| TYPE OF SITE[ ]  OPEN SITE USING SCHOOL DATA OR CENSUS DATA[ ]  MIGRANT SITE[ ]  CLOSED ENROLLED SITE[ ]  SUMMER CAMP[ ]  NATIONAL YOUTH SPORTS PROGRAM[ ]  UPWARD BOUND PROGRAM |
| WHAT SCHOOL DISTRICT AND SCHOOL BUILDING IS NEAREST TO YOUR SITE?      |
| WAS/IS THIS SITE UNDER AN EXISTING SPONSOR FOR THE SFSP?[ ]  YES [ ]  NOIF YES, NAME OF SPONSOR        |
| PLEASE NOTE THAT SITES MUST NOT BE IN CLOSE PROXIMITY TO AN EXISTING SITE AND SITES MAY BE DENIED FOR THIS REASON. |
| LICENSED DAY CARE HOMES ARE INELIGIBILE – SIMULTANEOUS PARTICIPATION IN BOTH CACFP AND SFSP FOR THE SAME CHILDREN IS NOT ALLOWED. THIS IS CONSIDERED DUAL PARTICIPATION. |
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| **YOU MUST SUBMIT COMPLETED POTENTIAL SFSP SPONSOR QUESTIONNAIRE AND SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE TO** **SFSP@HEALTH.MO.GOV** |
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