|  |  |  |  |
| --- | --- | --- | --- |
| 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  NO  IF 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  NO  IF YES, SPECIFY STATE | | | |
| **STEP 2: SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE** | | | |
|  | | | |
| PLEASE NOTE, AS PART OF THE SFSP APPLICATION, SPONSOR WILL BE REQUIRED TO PROVIDE DOCUMENTATION OF FINANCIAL VIABILITY, ADMINSITRATIVE CAPABILITY, AND PROGRAM ACCOUNTABILITY. | | | |
|  | | | |
| **YOU MUST SUBMIT COMPLETED POTENTIAL SFSP SPONSOR QUESTIONNAIRE AND SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE TO** [**SFSP@HEALTH.MO.GOV**](mailto:SFSP@HEALTH.MO.GOV) | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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  NO  IF 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. | | | |
|  | | | |
| **YOU MUST SUBMIT COMPLETED POTENTIAL SFSP SPONSOR QUESTIONNAIRE AND SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE TO** [**SFSP@HEALTH.MO.GOV**](mailto:SFSP@HEALTH.MO.GOV) | | | |
|  | | | |