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| **Does your organization already sponsor either of these Child Nutrition Programs?** | [ ]  | National School Lunch Program (NSLP) |
| [ ]  | Child and Adult Care Food Program (CACFP) |

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| **Legal Name of Your Organization** |  |
| **Physical Address** |  |
| **Mailing Address** |  |
| **Website Address** |  |
| **Type of Agency** | [ ]  School [ ]  Government Agency [ ]  Private Non-Profit [ ]  Tribal Government Organization |
| **Superintendent/Director Name & Title** |  |
| **Phone** |  |
|  **Email** |  |
| **Fax** |  |
| **Clerk/Finance Name & Title** |  |
| **Phone** |  |
| **Email** |  |
| **Fax** |  |
| **Board Chair Name** |  |
| **Phone** |  |
|  **Email** |  |
| **Fax** |  |

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| **Where would you like to serve meals?**  |  | Please fill out the attached New Site Request Form |

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| **Fill out/return the following:**  |  | W-9 Tax Form  |
|  | DUNS Request Form |
|  | Copy of Voided Check (Non-School Sponsors Only)  |
|  | Copy of 501(c)(3) IRS Letter or Affirmation Letter (Non-Profit Sponsors Only) |

Please call OPI School Nutrition Programs at 406-461-9917 or 406-444-2501 if you have questions about the Summer Food Service Program (SFSP).

**State Agency Use Only:**

|  |  |  |
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| **Attached with request:** | [ ]  | W-9 Tax Form |
| [ ]  | DUNS Number |
| [ ]  | Copy of Voided Check (Non-School Sponsors Only)  |

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| **Name of Organization** |       |

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| **Date Ed Org/LE and SABHRS Setup Requested** | Date Requested by SNP:       |

|  |  |
| --- | --- |
| **Date New Ed Org/LE Number Created****and ED Org/LE Number** | Date LE Created in Central:       Ed Org/LE Number:       |
| **Date SABHRS Entry Created****and Vendor ID Number** | Date SABHRS Entry Created:       Vendor ID Number:       |

Please route a copy with the new Ed Org/LE number and vendor ID number back to School Nutrition Programs.

Please call OPI School Nutrition Programs at 406-444-2501 or 406-461-9917 if you have questions.