

Summer Food Service Program:

New Sponsor Pre-Eligibility Information Request

Legal Name of Your Organization	
Physical Address	
Mailing Address	
Website Address	
Type of Agency	<input type="checkbox"/> School <input type="checkbox"/> Government Agency <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Tribal Government Organization
Fax Number	
Superintendent/Director Name & Title	
Phone	
Email	
Claim/Finance Name & Title	
Phone	
Email	
Food Service Director Contact	
Phone	
Email	
Board Chair Name (Non-Profit Sponsors)	
Phone	
Email	
Does your organization already sponsor either of these Child Nutrition Programs?	<input type="checkbox"/> National School Lunch Program (NSLP) <input type="checkbox"/> Child and Adult Care Food Program (CACFP)

Fill out/return the following:	<input type="checkbox"/>	W-9 Tax Form
	<input type="checkbox"/>	DUNS Request Form
	<input type="checkbox"/>	Copy of Voided Check (Non-School Sponsors Only)
	<input type="checkbox"/>	Copy of 501(c)(3) IRS Letter or Affirmation Letter (Non-Profit Sponsors Only)

Summer Food Service Program: New Ed Org/LE and SABHRS Setup Request

New SFSP Sponsors: Tell us a little about where you would like to serve meals. All proposed site addresses must be evaluated to ensure they meet USDA site eligibility criteria for SFSP. The SFSP requires that all meals served at a site must also be consumed on site.

Note: A sponsor may have more than one site if desired.

Proposed Site Name	Site Type	Street Address	City	School Enrollment Area*
	<input type="checkbox"/> Open <input type="checkbox"/> Enrolled <input type="checkbox"/> Camp			
	<input type="checkbox"/> Open <input type="checkbox"/> Enrolled <input type="checkbox"/> Camp			

STATE AGENCY USE ONLY	
Eligible?	Data Used
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> School <input type="checkbox"/> Census <input type="checkbox"/> Other
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> School <input type="checkbox"/> Census <input type="checkbox"/> Other

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).

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State Agency Use Only:

Attached with request:	<input type="checkbox"/>	W-9 Tax Form
	<input type="checkbox"/>	DUNS Number
	<input type="checkbox"/>	Copy of Voided Check (Non-School Sponsors Only)

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 & Location Numbers:

Please route a copy with the new Ed Org/LE number and vendor ID and vendor location numbers back to School Nutrition Programs.
Please call OPI School Nutrition Programs at 406-444-2501 or 406-461-9917 if you have questions.