

# Summer Food Service Program (SFSP) Initial Application

Division of Food and Nutrition



Nevada  
Department  
of Agriculture

All organizations are required to be in business in Nevada for at least 1 year.  
Family Day Care Homes and Day Care Homes call 775-337-9121 to participate in the  
CACFP.

## Contact Information

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Business Information

How long has your business been operating in Nevada? \_\_\_\_\_

Is the Secretary of State active? (Not applicable to government agencies or tribes.)

Yes  No

Select type of organization that best describes yours:

- Government/Tribal  Religious affiliation under IRS code  
 Non-Profit 501(c)(3)  School Food Authority

Select type of For-Profit Entity:

- Corporation  LLC  Partner  Sole-Proprietor

Is this business a Multi-State Sponsoring Organization?  Yes  No

If yes, what other States have Centers and where is the Headquarters located?

How much in federal funds does your organization spend annually?

- \$750K and above  Less than \$750K

Record your operating Fiscal Year (e.g., July 1 – June 30, October 1 – September 30, etc.)

Contact information of person who prepares financial statements:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This institution is an equal opportunity provider.

## Program Participation

Do any of your facilities participate in USDA feeding programs? (Check all that apply.)

- Child and Adult Food Program (CACFP)  National School Lunch Program (NSLP)  
 Special Milk Program (SMP)  School Breakfast Program (SBP)

## All Applicants

Do you prepare your own meals and/or snacks?  Yes  No

Are you currently using a meal vendor?  Yes  No

Do you have a commercial (permitted) kitchen?  Yes  No

Meals presently served:  Breakfast  Lunch  Supper  \*Snack

\*Include all snacks that apply:  AM  PM  After-school  Evening

Meals planned to be served:  Breakfast  Lunch  Supper  \*Snack

\*Include all snacks that apply:  AM  PM  After-school  Evening

## Required Documents

Please attach the following documents for the last complete fiscal year Statement. Please ensure that all documents are compliant with the Generally Accepted Accounting Principles (GAAP)\*.

- Balance Sheet (B/S)
- Profit and Loss Statement (P&L)
- Cash Flow Statement

## Submission of Form

Complete and save this form to your desktop then attach the file along with the above noted financial documents in an email to: Desiree Smith, [dsmith@agri.nv.gov](mailto:dsmith@agri.nv.gov)

\*For more information on GAAP refer to <http://www.fasb.org> or contact your accountant.