

*All or	ganizations are required to [	be in business, in Nevada, for at least one year*
Date		
Person making th	e inquiry	Title
Organization Nar	ne	
Phone	Fax#	Email
Address		
How long has you	ur business, in Nevada, been i	in operation?
Secretary of State	e is Active? (Not applicable to	o Government Agencies or Tribes) Yes No
Select what type	of organization:	
Government	/ Tribal Non-Profit 501 (	c)(3) Religious affiliation under IRS code
School Food	Athority	
How much Fede	ral Funds does your organiz	zation spend annually?
\$750K and a	above	
Record your oper	rating Fiscal Year (ex: July 1 -	- June 30th or October 1- September 30th, etc.)
Name, title, phon	e, email address of person wh	no prepares financial statements:

## NDA is an Equal Opportunity Provider

2300 East Saint Louis Ave Las Vegas, NV 89104 405 South 21<sup>st</sup> St. Sparks, NV 89431

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## Check all that apply:

Do any of your facilities participate in USDA Programs?

CACEP School Lunch Special Milk **All Applicants:** Prepare your own meals and/or snacks? Yes No No Currently using a meal vendor? Yes No Have a commercial (permitted) kitchen? Yes Meals presently served: Breakfast Lunch Supper Snack Include all that apply (am, pm, after-school, evening)\_ Meals planned to be served: Breakfast Lunch Snack Supper Include all that apply (am, pm, after-school, evening) \_

Please attach for the last complete fiscal year a **Balance Sheet** (B/S) and **Profit & Loss Statement** (P&L) and a **Cash Flow Statement** that are in compliance to the **Generally accepted Accounting Principles** (GAAP). For more information on GAAP refer to <u>http://www.fasb.org</u> or contact your accountant.

Complete and save this form to your desktop; send as an attachment with the financial documents in an email to: Vickie Guy, <u>vguy@agri.nv.gov.</u>