

**Summer Food Service Program (SFSP) /
Initial Application**
Division of Food and Nutrition



***All organizations are required to be in business in Nevada for at least one year. ***

Contact Information

Date	
Name	
Title	
Organization Name	
Address	
Phone	
Email	

Business Information

How long has your business been operating in Nevada?	
Is Secretary of State active? (Not applicable to government agencies or tribes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select type of organization that best describes yours	<input type="checkbox"/> Government/Tribal <input type="checkbox"/> Religious affiliation under IRS code <input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> School Food Authority
How much in federal funds does your organization spend annually?	<input type="checkbox"/> \$750K and above <input type="checkbox"/> Less than \$750K
Record your operating Fiscal Year (e.g., July 1-June 30, October 1-September 30, etc.)	
Contact info of person who prepares financial statements <ul style="list-style-type: none">• Name• Title• Phone• Email	

USDA Program Participation

Do any of your facilities participate in USDA feeding programs? (Check all that apply)	<input type="checkbox"/> Child and Adult Food Program (CACFP) <input type="checkbox"/> National School Lunch Program (NSLP) <input type="checkbox"/> School Breakfast Program (SBP) <input type="checkbox"/> Special Milk Program (SMP)
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This institution is an equal opportunity provider.

All Applicants

Do you prepare your own meals and/or snacks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using a meal vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a commercial (permitted) kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meals presently served	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> *Snack <i>Include all Snacks that apply:</i> AM <input type="checkbox"/> PM <input type="checkbox"/> After-School <input type="checkbox"/> Evening
Meals planned to be served	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> *Snack <i>Include all Snacks that apply:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> After-School <input type="checkbox"/> 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 & Loss Statement (P&L)
- Cash Flow Statement

Submission of Form

Complete and save this form to your desktop and then send as an attachment with the above noted financial documents in an email to: Jacob Felsing, jfelsing@agri.nv.gov.

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