

Summer Food Service Program (SFSP) Initial Application

Division of Food and Nutrition



Nevada
Department
of Agriculture

Contact Information

Date: _____ Name: _____ Title: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Business Information

How long has your business been operating in Nevada? _____

What **county** does your business operate in? _____

Federal Employer Identification Number (FEIN): _____

Type of Agency:

- Government Agency Educational Institution Indian Tribe
 Military Installation Private Non-Profit Organization Other

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

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?

- \$1 million and above Less than \$1 million

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

This institution is an equal opportunity provider.

Contact information of person who prepares financial statements:

Name: _____ Title: _____

Phone: _____ Email: _____

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

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