Summer Food Service Program (SFSP) Initial Application





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):						
•	□ Private Non-Profit Organia	zation	□Indian Tribe □Other			
Is the Secretary of State active \square Yes \square No	ve? (Not applicable to governn	nent agen	icies or tribes.)			
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 feedi	ng programs? (Check all that	apply.)	
□Child and Adult Food Program (C					
□ Special Milk Program (SMP) □ School Breakfast Program (SBP)					
All Applicants					
Do you prepare your own meals and	□Yes □No				
Are you currently using a meal vendor?		□Yes □No			
Do you have a commercial (permitte		□Yes □No			
Meals presently served:	□Breakfast	□Lunch	□Supper	□*Snack	
*Include all snacks that apply:	\Box AM	\Box PM	□After-scho	ol □Evening	
Meals planned to be served:	□Breakfast	□Lunch	□Supper	□*Snack	
*Include all snacks that apply:	\Box AM	\Box PM	□After-scho	ol □Evening	
Required Documents Please attach the following document that all documents are compliant with the following document with the following docume	th the Generally	-			

- 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.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, <u>AD-3027</u>, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1. **Mail**: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
- 2. **Fax**: (202) 690-7442; or
- 3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.