

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:

- | | | |
|------------------------------------------------|----------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Indian Tribe |
| <input type="checkbox"/> Military Installation | <input type="checkbox"/> Private Non-Profit Organization | <input type="checkbox"/> Other |

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

☐ Yes ☐ 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 |

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.

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, [AD-3027](#), 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.

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