

Department of Agriculture, Food and Nutrition Service
NATIONAL SCHOOL LUNCH, BREAKFAST, AND COMMODITY SCHOOL PROGRAM APPLICATION

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0584-0006. The Time required to complete this information is 1.30 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

School Year:	Sponsor Number:	Sponsor Name:	County:
Region Number:	State:	Field Office:	DoD School:

1. Mailing address of sponsor:		
Address 1		
Address 2		
City	State	Zip Code
Street Address		
2. Name and address and phone of contact person:		
Name		
Address 1		
Address 2		
City	State	Zip Code
Telephone	Fax Number	
E-Mail		
3. Number of sites by sponsor type:		
A. Private Day School	D. Private RCCI	
B. Private Boarding School	E. Private RCCI w/Day Students	
C. Public RCCI	F. Other	
4. Does sponsor contract with food management company?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Commodity only sponsor?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Planned period of food service:		
A. Beginning date	E. Months for which claims will not be submitted <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun	
B. Ending date		
C. Estimate operating days this year		
D. Days in operation per week		
7. Number of each food preparation method:		
A. Self-contained kitchen	C. Satellite / Receiving School / Institution	E. Vended meals
B. Base Kitchen	D. Central Kitchen	
8. Meals for students are:		
Sold as Unit (Pricing)		
No separate meal charge (Non Pricing)		
Combination (Pricing and Non-Pricing)		

9. Program data (estimate for agreement year)

	Lunch	Regular Brk	SN Brk	Reg. Snack	Area Elig Snack
A. Schools / institutions participating in each category					
B. Enrollment for schools participating in each category.					
C. Highest Price charged per meal					
1. Full Price					
2. Reduced Price					
3. Adult Price					
D. Estimated number of children eligible by category					
1. Full Price					
2. Reduced Price					
3. Free					

10. Paid rate only?

Yes No

11. Does the school / institution receive or expect to receive a total of \$500,000 or more in federal funds?

Yes No

12. Attach a copy of current license or confirmation letter for each residential child care site.

Attached

13. For private RCCI's: Licensed capacity?

14. I have read the terms of the agreement

15. NEW APPLICANTS ONLY:

A. Indicate the Sponsor's Federal Employer Identification Number (F.E.I.D.) used to report federal withholding and social security.)

B. Attach a copy of letter from IRS documenting tax-exempt status Attached

C. Sponsors must provide assurance of compliance with Title VI of Civil Rights Act of 1964 by completing Civil Rights Compliance Questionnaire. Attached

D. DUNS Number

I CERTIFY that the information on this application is true to the best of my knowledge; that reimbursement will be claimed only for meals or milk served to children; and that the school does not discriminate on the basis of race, color,sex, national origin, age or disability. I further understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Title

Signature

Print Name

Date

Last Modified By

Last Modified Date

Notes

Bank Name

Bank Account Name

Bank Account Number

Bank Address

City

State

Zip Code

Bank Routing Transit Number