

**U.S. Department of Agriculture Food and Nutrition Service**

Form Approved OMB# 0584-XXXX  
Expiration Date: XX/XX/XX

**NATIONAL SCHOOL LUNCH, BREAKFAST, AND COMMODITY SCHOOL PROGRAM APPLICATION**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

School Year	
<b>General</b>	
Sponsor	
Sponsor Name	
County	
Region Number	State
Field Office	

<b>1. Mailing address of sponsor:</b>			
Addr1			
Addr2			
City	State	Zip	
Street Addr			

<b>2. Name address and phone of contact person:</b>			
Name			
Addr1			
Addr2			
City	State	Zip	
Tel:	Fax:		
E-Mail			

DoD School

<b>3. Number of sites by sponsor type:</b>	
A. Private Day School	
B. Private Boarding School	
C. Public RCCI	
D. Private RCCI	
E. Private RCCI w/ Day	
F. Other	

**5. Commodity only sponsor?**

<b>6. Planned period of food service :</b>	
A. Beginning date:	
B. Ending date:	
C. Estimated number of days food service will operate this year:	
D. Number of days in operation per	
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"/> Ja <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun	

**7. Indicate the number of each food preparation method:**

	A. Self-contained kitchen.
	B. Base Kitchen.
	C. Satellite / Receiving School / Institution.
	D. Central kitchen.
	E. Vended meals.

**4. Does sponsor contract with food management company?**

<b>8. Meals for students are:</b>	
Sold as a Unit (Pricing)	
No separate meal charge (Non	
Combination (Pricing and NonPricing)	

9. Program data (estimate for agreement year)	Lunch	Regular Breakfast	SN Breakfast	Reg. Snack	Area Elig Snack
A. Total number of schools / institutions applying for participation in each category					
B. Total enrollment for schools participating in each					
C. Highest Price charged per meal.	1. Full price				
	2. Reduced price				
	3. Adult price				

<b>D. Estimated number of children eligible by category.</b>	
1. Full price	
2. Reduced price	
3. Free	

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10. Paid rate only?

11. Does the school / institution receive or expect to receive a total of \$300,000 or more in federal funds?

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 agreement.

Bank Information			
Bank Name			
Bank Account Name			
Bank Account			
Bank Address			
City	State	Zip	
Bank Routing Transit			

**15. NEW APPLICANTS ONLY:**

A. Indicate the Sponsor's Federal Employer Identification Number (F.E.I.D. No. The number 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. DUNNS 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 served to children; and that the school does not discriminate on the basis of race, color, national origin, sex, 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	

Last Modified By	
Last Modified Date	
Date	

Notes:

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