



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SFSP POTENTIAL NEW SPONSOR QUESTIONNAIRE

ORGANIZATION NAME (AS REGISTERED WITH SECRETARY OF STATE)

STREET ADDRESS OF ORGANIZATION

CITY	STATE	ZIP CODE	COUNTY
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CONTACT NAME

EMAIL ADDRESS	PHONE NUMBER
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SELECT THE IRS STATUS OF YOUR ORGANIZATION

PUBLIC

NONPROFIT

NA/GOVERNMENT, PUBLIC SCHOOL OR UNIVERSITY

WHAT IS YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)?

DOES THIS ORGANIZATION CURRENTLY PARTICIPATE ON SFSP THROUGH ANOTHER SPONSORING ORGANIZATION?

YES

NO IF YES, NAME OF ORGANIZATION

DOES THIS ORGANIZATION CURRENTLY PARTICIPATE IN CACFP?

YES

NO

HOW LONG HAS YOUR PROGRAM BEEN OPERATING?

HOW MANY SITES DO YOU PLAN TO OPERATE ON THE SFSP?

DOES THIS SPONSOR PLAN TO OFFER RURAL NON-CONGREGATE SITES?

YES

NO

DOES THIS ORGANIZATION CURRENTLY PARTICIPATE ON SFSP IN ANOTHER STATE?

YES

NO IF YES, SPECIFY STATE

STEP 2: SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE

PLEASE NOTE, AS PART OF THE SFSP APPLICATION, SPONSOR WILL BE REQUIRED TO PROVIDE DOCUMENTATION OF FINANCIAL VIABILITY, ADMINISTRATIVE CAPABILITY, AND PROGRAM ACCOUNTABILITY.

YOU MUST SUBMIT COMPLETED POTENTIAL SFSP SPONSOR QUESTIONNAIRE AND SITE ELIGIBILITY QUESTIONNAIRE FOR EACH SITE TO SFSP@HEALTH.MO.GOV