

NSLP

Sponsor Information Sheet

**ABC School
(987987987)**

Oregon Department of Educatio

2006-2007 Program Year
Pending Submission
New Applicatio

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Mailing Address

(1) Addr1: _____
 (2) Addr2: _____
 (3) City: _____
 (4) State: (5) Zip Code: _____

Street Address

(6) Addr1: _____
 (7) Addr2: _____
 (8) City: _____
 (9) State: (10) Zip Code: _____

 Check here to copy Mailing Address to Street Address**Shipping Address**

(11) Addr1: _____
 (12) Addr2: _____
 (13) City: _____
 (14) State: (15) Zip Code: _____

Alternate Address 1

(16) Type: _____
 (17) Addr1: _____
 (18) Addr2: _____
 (19) City: _____
 (20) State: (21) Zip Code: _____

Alternate Address 2

(22) Type: _____
 (23) Addr1: _____
 (24) Addr2: _____
 (25) City: _____
 (26) State: (27) Zip Code: _____

Alternate Address 3

(28) Type: _____
 (29) Addr1: _____
 (30) Addr2: _____
 (31) City: _____
 (32) State: (33) Zip Code: _____

Executive Contact

	First	MI	Last
(34) Name:	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
(35) Title:	<input type="text" value=""/>		
(36) E-mail:	<input type="text" value=""/>		
(37) Phone:	<input type="text" value=""/>	(38) Ext:	<input type="text" value=""/>
(39) Fax:	<input type="text" value=""/>	(40) Ext:	<input type="text" value=""/>
(41) Contact's Address:	<input type="text" value=""/>		

CNP Program Manager

	First	MI	Last
(42) Name:	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
(43) Title:	<input type="text" value=""/>		
(44) E-mail:	<input type="text" value=""/>		
(45) Phone:	<input type="text" value=""/>	(46) Ext:	<input type="text" value=""/>
(47) Fax:	<input type="text" value=""/>	(48) Ext:	<input type="text" value=""/>
(49) Contact's Address:	<input type="text" value=""/>		

Nutrition Services Contact

	First	MI	Last
(50) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(51) Title:	<input type="text"/>		
(52) E-mail:	<input type="text"/>		
(53) Phone:	<input type="text"/>	(54) Ext:	<input type="text"/>
(55) Fax:	<input type="text"/>	(56) Ext:	<input type="text"/>
(57) Contact's Address:	<input type="text"/>		

Claim Contact

	First	MI	Last
(58) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(59) Title:	<input type="text"/>		
(60) E-mail:	<input type="text"/>		
(61) Phone:	<input type="text"/>	(62) Ext:	<input type="text"/>
(63) Fax:	<input type="text"/>	(64) Ext:	<input type="text"/>
(65) Contact's Address:	<input type="text"/>		

General Information

- (66) Type of Sponsoring Authority: **Public**
- (67) Eligibility for High Rate Lunch Reimbursement: **Unable to Calculate**
- (68) Will a Milk Substitute be Offered? Yes No
- (69) Confidential meal applications are processed Centrally At Sites
- (70) Meal application approval software is used to determine eligibility? Yes No
- (71) If **Yes**, enter the name of the software:

Food Service Management Company

- (72) Do you have a Contract with a Food Service Management Company? Yes No
- (73) If **Yes**, Enter the Name of the Company:

Free and Reduced-Price Hearing Officer

(74) Name:	<input type="text"/>
(75) Title:	<input type="text"/>
(76) Telephone:	<input type="text"/>
(77) E-mail:	<input type="text"/>

Comments

- (78) General Comments:

Created By:

Date Created:

Modified By:

Date Modified:

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