

New Sponsor Information

Sponsor Name: _____

List in CNPweb by Name: _____

Doing Business As: _____

Address: _____

(Physical location of the Sponsor Administrative Office, City, Zip Code + 4 digit extension)

Federal ID # _____ County _____

ODE Institution ID number (School Districts Only): _____

Sponsor Type: Private Non-Profit Private For-Profit Public Tribal

Organization Type:

Non-Government

Local School District

Education Service District

County Government

City Government

Other Government

For Profits

Charter School Only

Community College

University of Oregon

Oregon State University

Portland State University

Other Public Universities

Provide mailing address for reimbursement payments:

Same as address above

To receive reimbursements through direct deposit, after approval to operate CNP, complete and submit an authorization form to the Department of Administrative Services. The form is located on the DAS web site:

http://www.oregon.gov/DAS/SCD/SFMS/docs/forms/ACH_enrollment_form.doc

Submitted By: _____

(Print Name)

(Signature)

Position: _____

Email: _____

Phone Number: _____

Date: _____

OREGON DEPARTMENT OF EDUCATION USE ONLY

1. **Specialist verify and complete:** (initial/date) _____

School Nutrition Programs (NSLP, SBP, SMP)

Child and Adult Care Food Program (CACFP)

Summer Food Service Program (SFSP)

Food Distribution Program (FDP)

US Congressional District where Site is located: Congressional District _____

Website to find US Congressional District: <http://bluebook.state.or.us/national/regs/map.htm>

State House District _____

State Senate District _____

Website to find State legislative Districts: <https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html>

2. **Fiscal Analyst confirm Vendor Number:** _____ (initial/date) _____

3. **Sys Admin complete CNPweb Entry:** (initial/date) _____

Sponsor Agreement #: _____

4. **Specialist notify Sponsor:** (initial/date)_____