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| Oregon Department of Education | Office of Student Services |
| 255 Capitol St. NE | Child Nutrition Programs |
| Salem, OR 97310 | Hazel Randolph (503) 947-5894 |
|  | Email: [ode.communitynutrition@ode.state.or.us](mailto:ode.communitynutrition@ode.state.or.us) |

**SUMMER FOOD SERVICE PROGRAM**

**APPLICATION CHECKLIST**

# Instructions:

1. Check completed and/or enclosed documents
2. Submit the checklist and application documents to the Community Nutrition email Inbox at [ode.communitynutrition@ode.state.or.us](mailto:ode.communitynutrition@ode.state.or.us) or for more information, call (503) 947-5894
3. Submit all applicable application materials no later than May 15
4. ODE CNP will conduct an on-site pre-approval visit no later than June 15

# Program Name:       Date:

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| --- | --- | --- |
| **Check if enclosed**  **✓** | **Documents** | Instructions |
|  | State Agency-Sponsor Agreement or  Amended State Agency-Sponsor Agreement (if current CNP sponsor) | Complete, sign, date, and enclose **two** copies.  One signed original copy will be returned for your files. |
|  | IRS non-profit status letter – 501(c)(3) | Enclose a copy |
|  | CNPweb New Sponsor Information form | Complete and enclose a copy |
|  | CNPweb Add Site/Modify Site form | Complete and enclose *one form for each site*  to be added in CNPweb |
|  | CNPweb User Authorization Request and Certification form | Complete and enclose *one form for each staff*  requiring access to CNPweb |
|  | Budget\* | Enclose and submit in CNPweb |
|  | Management Plan | Submit in CNPweb |
|  | Apply for advance payment\* | Submit in CNPweb |
|  | Free meal policy statement | Complete and enclose a copy |
|  | Copy of media release | Indicate on the form where the  media release will be published |
|  | Training program for monitors and sites | Complete and enclose a copy |
|  | Site eligibility documentation\* | Enclose a copy |
|  | Food Service Management Company (FSMC):  Invitation for Bid\* and /or Vended Meal Agreement\* | Enclose Bid and/or proposed agreement |
|  | W9 form\* | Enclose a copy  Not applicable if current CNP sponsor |
|  | DUNS Number: | To obtain a DUNS® number call  (866) 705-5711 (toll-free number) |

\*If applicable