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| Oregon Department of Education  | Office of Student Services |
| 255 Capitol St. NE | Child Nutrition Programs |
| Salem, OR 97310 |  |
|  | Email: communitynutrition@ode.oregon.gov |

**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 communitynutrition@ode.oregon.gov 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:

|  |  |  |
| --- | --- | --- |
| **Check if enclosed****✓** | **Documents** | Instructions |
| [ ]  | State Agency-Sponsor Agreement -or- Amended State Agency-Sponsor Agreement (if current CNP sponsor) | Complete, sign, date, and enclose. Electronic signature is acceptable.  |
| [ ]  | IRS non-profit status letter – 501(c)(3) | Enclose a copy |
| [ ]  | Budget\*  | Enclose and submit in CNPweb |
| [ ]  | Apply for advance payment\*  | Submit in CNPweb |
| [ ]  | Free meal policy statement | Complete and enclose a copy |
| [ ]  | 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 |
| [ ]  | One Month Menu | Submit menu for each site |
| [ ]  | W9 form\* | Enclose a copyNot applicable if current CNP sponsor |
| [ ]  | Unique Entity ID (UEI) Number:       | To obtain a Unique Entity ID visit [sam.gov](https://sam.gov/content/home).  |

\*If applicable