|  |  |
| --- | --- |
| Oregon Department of Education  |  |
| 255 Capitol St. NE | Child Nutrition Programs |
| Salem, OR 97310 | Email: ode.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 ode.communitynutrition@ode.oregon.gov or for more information, call (503) 947-5894
3. Submit all applicable application materials no later than April 19
4. If the application meets program requirements, ODE CNP will conduct an on-site pre-approval visit no later than June 1 or first day of operations (whichever is sooner)

# Program Name:       Date:

|  |  |  |
| --- | --- | --- |
| **Check if enclosed****✓** | **Documents** | Instructions |
| [ ]  | State Agency-Sponsor Agreement  | Complete, sign, date, and enclose a copy. |
| [ ]  | Excel Budget\*  | Complete and enclose a copy  |
| [ ]  | CNPweb Budget\*  | Submit in CNPweb |
| [ ]  | Management Plan\*  | Submit in CNPweb |
| [ ]  | Apply for advance payment\*  | Submit in CNPweb |
| [ ]  | Financial Management Policy & Procedure | Enclose a copy |
| [ ]  | Free meal policy statement | Complete and enclose a copy |
| [ ]  | Planned training agenda and date for monitors and site staff | Complete and enclose a copy |
| [ ]  | Site eligibility documentation (*required for sites using area eligibility)* | Enclose a copy |
| [ ]  | Invitation for Bid\* and /or Vended Meal Agreement\*(includes Food Service Management Company (FSMC)) | Enclose Bid and/or proposed agreement |
| [ ]  | Example One Month Menu | Complete and enclose a copy |
| [ ]  | W9 form\* | Enclose a copy(Not applicable if current CNP sponsor) |
| [ ]  | Rural Designation Data\* | Enclose a copy |

\*Indicates only needed if applicable