

SUMMER FOOD SERVICE PROGRAM POTENTIAL SPONSOR REGISTRATION FORM

Section A - Organization

Date			
Organization Name			
Address		Zip Code	
Telephone #		County	
Email Address			
Public Agency	<input type="checkbox"/>		
School Food Authority	<input type="checkbox"/>		
Residential Camp	<input type="checkbox"/>		
Other (describe)			
Are you tax exempt (501C3)?			
Contact Person Name		Title	
Would you like to receive SFSP Training information?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

In order to be a SFSP sponsor, please provide the below information.

VENDOR ID	
FEDERAL ID	
DUNS #	
myNewJersey Portal ID	

Section B – Program Details

Age Range	
Meal Types To Be Served	
Estimated # Children	
How Many Feeding Locations	
Planned Activities	
Dates of Operation	
Food Service Arrangements	

Section C – Eligibility (State Official Use Only)

Eligibility Status	<input type="checkbox"/> Area Eligible <input type="checkbox"/> Census Tract Data <input type="checkbox"/> Eligibility Application			
Contact by	<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Website			