|  |
| --- |
| **SUMMER FOOD SERVICE PROGRAM****POTENTIAL SPONSOR REGISTRATION FORM** |
| **Section A - Organization** |
| **Date** |  |
| **Organization Name** |  |
| **Address** |  | **Zip Code** |  |
| **Telephone #** |  | **County**  |  |
| **Email Address** |  |
| **Public Agency**  |[ ]
| **School Food Authority** | [ ]  |
| **Residential Camp**  |[ ]
| **Other (describe)** |  |
| **Are you tax exempt (501C3)?** |  |
| **Contact Person Name** |  | **Title** |  |
| **Would you like to receive SFSP Training information?** | [ ] Yes [ ] No |
| **In order to be a SFSP sponsor, please provide the below information.**  |
| **VENDOR ID** |  |
| **FEDERAL ID** |  |
| **UEI #** |  |
| **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**  | [ ] **Area Eligible** [ ]  **Census Tract Data** [ ] **Eligibility Application** |
| **Contact by**  | [ ] **Phone** [ ] **Letter** [ ] **In Person** [ ] **Website** |