|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | | | |