

## School Nutrition Programs Application of Intent to Participate

Utah State Board of Education	Child Nutrition Programs 250 East 500 South, P.O. Box 144200 Salt Lake City, UT 84114-4200
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**INSTRUCTIONS:** Type or print clearly all information. Every Local Education Agency (LEA) must complete the application. Any LEA that administers more than one school must be sure to list each school wishing to participate in Section II of this application.

**SUBMISSION INFORMATION:** submit completed application via email, fax, or mail by February 15<sup>th</sup> to participate in training and potentially be approved as a sponsor for following school year.

Email: [Kelsey.Eller@schools.utah.gov](mailto:Kelsey.Eller@schools.utah.gov) and [schoolnutritionprograms@schools.utah.gov](mailto:schoolnutritionprograms@schools.utah.gov)

Fax: 801-538-7883

Mail: 250 East 500 South, PO Box 144200, Salt Lake City UT 84114-4200

SECTION 1 - FOR ALL LOCAL EDUCATION AGENCIES (LEAs)															
<b>1. Name of LEA</b>		<b>Federal Identification Number:</b> <b>DUNS Number:</b>													
<b>School Address</b> <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	<b>City</b>	<b>Zip Code</b>													
<b>Contact Person's Name</b>		<b>Contact Person's Title</b>													
<b>Contact E-Mail Address</b>	<b>Telephone Number</b> (    )    (    )	<b>Fax Number</b> (    )    (    )													
<b>Name of Head of Food Service</b> (if different from Contact Person)		<b>Head of Food Service Title</b>													
<b>2. Administered Schools.</b> Provide the total number of schools which the LEA administers. <div style="border: 1px solid black; width: 40px; height: 30px; float: right; margin-top: 10px;"></div>	<b>3. Student Enrollment and Grades Served.</b> Indicate the total number of students enrolled at all administered schools. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"># Enrolled <div style="border: 1px solid black; width: 40px; height: 30px;"></div></div> <div style="text-align: center;">Grades <div style="border: 1px solid black; width: 40px; height: 30px;"></div></div> </div>														
<b>4. Program Application.</b> Specify the number of schools applying for participation in each program. <table style="width: 100%; margin-top: 10px;"> <tr> <th style="text-align: left; width: 60%;">Program</th> <th style="text-align: left; width: 40%;"># of Schools</th> </tr> <tr> <td>National School Lunch Program (NSLP) &amp; School Breakfast Program (SBP)</td> <td>_____</td> </tr> <tr> <td>Special Milk Program* (SMP)</td> <td>_____</td> </tr> <tr> <td>After School Snack Program* (ASSP)</td> <td>_____</td> </tr> <tr> <td>Child &amp; Adult Care Food Program* (CACFP)</td> <td>_____</td> </tr> <tr> <td>Summer Food Service Program* (SFSP)</td> <td>_____</td> </tr> </table> <small>* Program application forms must also be submitted.</small>		Program	# of Schools	National School Lunch Program (NSLP) & School Breakfast Program (SBP)	_____	Special Milk Program* (SMP)	_____	After School Snack Program* (ASSP)	_____	Child & Adult Care Food Program* (CACFP)	_____	Summer Food Service Program* (SFSP)	_____	<b>5. Status of LEA</b> (check all that apply): <div style="margin-top: 10px;"> <input type="checkbox"/> Public School  <input type="checkbox"/> Charter School - Public  <input type="checkbox"/> Lab School - Public  <input type="checkbox"/> Private School  <input type="checkbox"/> Residential Child Care Center  <input type="checkbox"/> Non-profit - attach copy of 501(c)(3)  <input type="checkbox"/> Licensed - attach copy of current license         </div>	
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National School Lunch Program (NSLP) & School Breakfast Program (SBP)	_____														
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Summer Food Service Program* (SFSP)	_____														
<b>6. Food Service Income:</b> In addition to the NSLP, SBP, SMP, ASSP, SFSP, will this LEA provide any food service in which the revenue will not accrue to the nonprofit school food service account? <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> yes    <input type="checkbox"/> no         </div>															
<b>7. Food Service Management Company (FSMC):</b> Do you plan on contracting with someone to manage any aspect of the program? (Note: this does not include vended meals) <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> yes    <input type="checkbox"/> no         </div>															
<b>8. Non-profit Status:</b> Submit proof of non-profit status for all sites that are not a public school															

This institution is an equal opportunity provider.

Updated: 7/15/2021

## RESPONSIBILITIES WITHIN LEA

The following are names of the individuals at your LEA and their contact information

<b>School Director/ Principal</b>	Name(s): Title:	Phone: Email:
<b>Business Administrator</b>	Name(s): Title:	Phone: Email:
<b>Food Service Director (if already hired)</b>	Name(s): Title:	Phone: Email:
<b>Free/Reduced Application Processing (if known):</b>	Name(s): Title:	Phone: Email:
<b>Other:</b>	Name(s): Title:	Phone: Email:

## Section II (Please list all schools that wish to participate in a child nutrition program)

☐ Check box if LEA has only one site

Name of School 1:		Number Enrolled at School 1:	
Address of School 1	City	Zip Code	
Name of School 2:		Number Enrolled at School 2:	
Address of School 2	City	Zip Code	
Name of School 3:		Number Enrolled at School 3:	
Address of School 3	City	Zip Code	

## CERTIFICATION STATEMENT

I CERTIFY that the information on this application is true to the best of my knowledge and that this LEA/school does not discriminate on the basis of race, color, sex, national origin, age or disability. I further understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Date	Signature of LEA Official	Title
Date	Signature of State Agency Representative	Title

**Civil Rights (FNS Instruction 113-1, Section XIII, C1-5)**

1. Describe your admission requirements:
2. What membership requirements must your students/residents fulfill before being admitted to your school?
3. LEA to complete: Estimate racial/ethnic makeup of your enrollment: (numbers) ____ American Indian or Alaskan Native; ____ Asian; ____ Black or African American; ____ Native Hawaiian or other Pacific Islander; ____ White; ____ Other Estimate ethnic makeup of your enrollment: (numbers) ____ Hispanic or Latino ____ Not Hispanic or Latino
4a. Provide a brief description of any pending applications to other Federal agencies for assistance, and of Federal assistance being provided at the time of this application.
4b. Has the institution received any civil rights compliance reviews in the last two years to date? Yes ____ No ____  If yes, list the agency or organization that conducted the review below and provide a description of the review, including any items that were found to be out of compliance and required correction: Agency/organization: _____  Description of Review: _____ _____ _____ _____
4c. Has the institution ever been found to be out of compliance with civil rights requirements by the Federal agencies listed? Yes ____ No ____  Applicant agrees to promptly notify the state agency of any lawsuit filed against the applicant or a subrecipient alleging discrimination on the basis of race, color, or national origin. Yes ____ No ____  Applicant agrees to promptly notify the state agency of any complaints filed against the applicant or subrecipient alleging discrimination. Yes ____ No ____
5. The applicant agrees to compile and maintain records required by the FNS guidelines or other directives. Yes ____ No ____
<p style="text-align: center;"><u>Internal USBE Use Only</u></p> State the racial/ethnic makeup of the service area according to the most recent <a href="#">census</a> (numbers): ____ American Indian or Alaskan Native; ____ Asian; ____ Black or African American; ____ Native Hawaiian or other Pacific Islander; ____ White; ____ Other Estimate ethnic makeup of your service area: (numbers) ____ Hispanic or Latino ____ Not Hispanic or Latino _____  A review of this information has been conducted to assure that applicant is in compliance with civil rights laws.  Onsite preapproval compliance review is: Required ____ Not Required ____ If applicable required onsite review will be completed by [date]: _____

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If an onsite review is required a written report will be maintained with applicant information, including findings, actions taken by the applicant, and any necessary supporting documentation.

Signature of SA Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Through the National School Lunch Program, participating schools which operate nonprofit lunch programs in accordance with 7 CFR Part 210 receive cash and donated food assistance. Participating schools in the Food Distribution Program receive donated food assistance. Through the School Breakfast Program, cash is provided to participating programs in accordance with 7 CFR Part 220. The Special Milk Program provides cash assistance to participating schools which operate nonprofit milk service programs in accordance with 7 CFR Part 215. Participation in the Special Milk Program is limited to those facilities which 1) do not participate in the US Department of Agriculture (USDA) meal service programs or 2) operate split session kindergarten programs in which children do not have access to a USDA meal service program. The Child and Adult Care Food Program provides cash to participating institutions through 7 CFR Part 226. The After School Snack Program provides cash to participating institutions under 7 CFR 210 and/or 226 (as applicable).