

**Office of School Support Services
Summer Food Service Program**



Non-School Sponsor Prequalification Packet

GENERAL INFORMATION		
Organization Name:	Federal ID#(FEID#)	Fiscal Year: 20_____
Organization Address:	Phone Number:	
	Fax Number:	
Sponsor Type: (Check One) <input type="checkbox"/> Public or Nonprofit Residential Summer Camp <input type="checkbox"/> Unit of Local, Municipal, County, or State Government <input type="checkbox"/> Public or Private Nonprofit College or University, Upward Bound Program <input type="checkbox"/> Private Nonprofit Organization		
Owner, President, or Executive Director:	Email Address:	Date of Birth:
Contact Person:	Email Address:	Date of Birth:
Name of county(ies) in which organization intends to operate:		
Describe the year-round service organization provides to the community:		
Describe the research conducted to support the "need for a Summer Food Service Program" in the county(ies) listed above:		
Does the organization currently or has it previously participated in the Child and Adult Care Food Program (CACFP)? If yes, please provide the dates of participation. If currently participating, indicate start date. <input type="checkbox"/> YES <input type="checkbox"/> NO Dates:		
Have any of the organization's Summer Food Service Program (SFSP) employees or board members ever been associated with any organization terminated for failure to correct serious deficiencies, received notices of serious deficiencies, and/or are included on the USDA National Disqualified List of Institutions?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

DOCUMENTATION		
Include the following in the prequalification packet, as applicable. Refer to Attachment A for examples of items listed below.		
1. Does organization receive any state and/or federal funding <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide the Data Universal Numbering System (DUNS) number for organization _____		
2. A copy of the most recent financial statements, filed federal tax return, or single audit report		
3. A copy of organizational chart (optional)		
4. A copy of 501(c)(3) tax exempt status letter (private nonprofit only)		
CERTIFICATION STATEMENTS		
I certify that the organization is in compliance with all applicable state rules and regulations regarding governing board of corporations.		
I certify that the organization has never been a principal in an organization participating in a publicly funded program that has been ruled ineligible as a result of violating program requirements.		
I certify that the organization has never been convicted of a business-related offense.		
I certify that no organization's SFSP employees have been convicted of a criminal offense.		
I understand that the submission of false information to the state agency is grounds for termination or denial from the SFSP as described in 7 CFR 225.		
I understand that any deliberate omissions, falsifications, misstatements, misrepresentation of SFSP records will subject this organization to prosecution under applicable state and federal statutes.		
I understand that any information given may be investigated as allowed by law. This consent shall continue to be effective during sponsorship, if approved.		
I understand that application documents submitted for approval to participate in this program are public records subject to the Freedom of Information Act.		
I certify that the information contained in the prequalification packet is true and accurate.		
Print Name:	Title:	Date:
Authorized Signature:		
Each item of the prequalification packet must be completed prior to processing. Incomplete packets will be returned. If you have questions please call the SFSP office at 517-373-3347. Please submit prequalification packet via email to Sara Harmon, harmon7@michigan.gov or fax to 517-373-4022.		

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Attachment A

1. *Does organization receive any state and/or federal funding?*

Any funds the organization has received over the past 12 months from either federal or state government sources.

DUNS Number:

A Data Universal Numbering System (DUNS) is a nine-digit number that assigns a unique numeric identifier to a single business entity and supports D&B's credit reporting practice. It is also used to keep track of how federal grant monies are awarded and distributed.

2. *A copy of the most recent financial statement, filed federal tax return, or single audit report.*

Financial statements may include:

- Income Statements – A summary of a management's performance as reflected in the profitability of an organization over a certain period. Also known as a Profit and Loss Statement.
- Balance Sheet – A summary of the financial condition of the organization at a specific point in time including assets, liabilities, and net worth.
- Cash Flows – A summary of the actual or anticipated incomings and outgoings of cash over an accounting period (month, quarter, year).

Filed federal tax return:

- Nonprofit organization or church organization 990 or 990-EZ filed tax return.

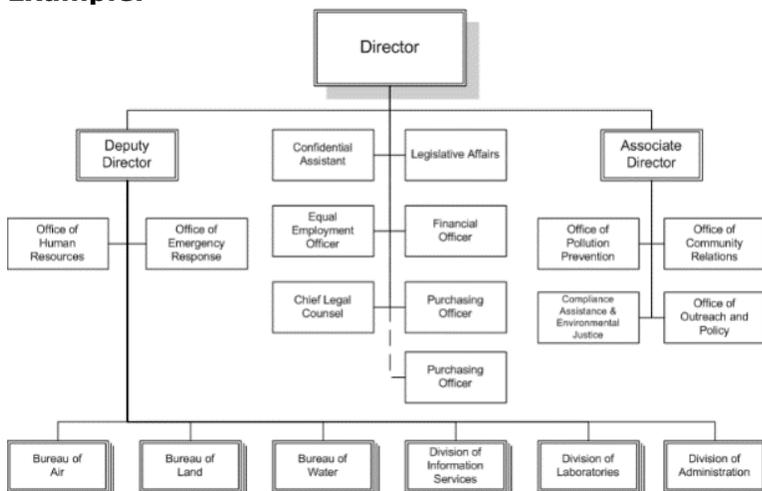
Single Audit Report: (Also known as the OMB A-133 audit)

- An organization-wide audit or examination of an entity that expends \$750,000 or more of federal assistance (commonly known as federal funds, federal grants, or federal awards) received for its operations.

3. *A copy of organizational chart.*

A company's organizational chart typically illustrates relationships between people within an organization. Such relations might include managers to employees, directors to managing directors, chief executive officer to various departments, etc. When an organization chart grows too large it can be split into smaller charts for separate departments within the same organization.

Example:



4. *A copy of the 501(c)(3) tax exempt status letter (private nonprofit only).*

Organizations operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or to foster national or international amateur sports competition, or for the prevention of cruelty to children or animals are eligible to file Form 1023 to obtain recognition of exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code.