



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CACFP POTENTIAL NEW SPONSOR QUESTIONNAIRE

ORGANIZATION NAME (AS REGISTERED WITH SECRETARY OF STATE)

STREET ADDRESS OF ORGANIZATION

CITY	STATE	ZIP CODE	COUNTY
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CONTACT NAME

EMAIL ADDRESS	PHONE NUMBER
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SELECT THE IRS STATUS OF YOUR ORGANIZATION
 PUBLIC FOR PROFIT NONPROFIT N/A GOVERNMENT, PUBLIC SCHOOL OR UNIVERSITY

WHAT IS YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)?

DOES THIS ORGANIZATION CURRENTLY PARTICIPATE ON CACFP THROUGH ANOTHER SPONSORING ORGANIZATION?
 YES NO IF YES, NAME OF ORGANIZATION:

DOES THIS ORGANIZATION CURRENTLY PARTICIPATE IN SFSP?
 YES NO

HOW LONG HAS YOUR PROGRAM BEEN OPERATING?

HOW MANY CENTERS/SITES DO YOU PLAN TO OPERATE ON THE CACFP?

MARK THE STATEMENT THAT BEST DESCRIBES YOUR ORGANIZATION. PLEASE INCLUDE NUMBER OF CENTER/SITES FOR EACH TYPE

CHILD CARE CENTER NO. OF CENTERS/SITES: _____

ADULT DAY CARE CENTER NO. OF CENTERS/SITES: _____

EMERGENCY SHELTER NO. OF CENTERS/SITES: _____

AT-RISK AFTERSCHOOL PROGRAM NO. OF CENTERS/SITES: _____

OUTSIDE SCHOOL HOURS CARE CENTER NO. OF CENTERS/SITES: _____

DOES THIS ORGANIZATION CURRENTLY PARTICIPATE ON CACFP OR SFSP IN ANOTHER STATE?
 YES NO IF YES, SPECIFY STATE:

STEP 2: CENTER/SITE ELIGIBILITY QUESTIONNAIRE FOR EACH CENTER/SITE

PLEASE NOTE, AS PART OF THE CACFP APPLICATION, SPONSOR WILL BE REQUIRED TO PROVIDE DOCUMENTATION OF FINANCIAL VIABILITY, ADMINSTRATIVE CAPABILITY, AND PROGRAM ACCOUNTABILITY.

YOU MUST SUBMIT COMPLETED POTENTIAL NEW SPONSOR QUESTIONNAIRE AND CENTER/SITE ELIGIBILITY QUESTIONNAIRE FOR EACH CENTER/SITE TO CACFP@HEALTH.MO.GOV

Empty box for additional information or comments.