



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

NEW APPLICANT FORM

SCHOOL NUTRITION PROGRAMS

Instructions: Complete all information below, sign and either mail to the address above or email to cnp@isbe.net.

Name of School/Organization	
Address	
Name of Administrator	
Email address of Administrator	Phone number of Administrator
Name of Contact Person (if different from the Administrator)	
Email address of Contact Person	Phone number of Contact Person

Type of Organization

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Residential Institution | <input type="checkbox"/> Day Care Center |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Combination Residential & School | <input type="checkbox"/> Boarding School |

Tax Status

- | | |
|--|---|
| <input type="checkbox"/> Public | <input type="checkbox"/> Nonpublic and Nonprofit
all nonpublic organizations or schools must be federally tax-exempt with a current federal 501(c)(3) status. |
|--|---|

Nonpublic Schools Only

All nonpublic schools must be registered with the Illinois State Board of Education. Is your nonpublic school registered?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

DUNS Number

For more information, please visit Dun and Bradstreet at <http://fedgov.dnb.com/webform> or call 866/705-5711.

GATA Status

All participants must complete the *Grant Accountability and Transparency Act (GATA)* registration process.

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Completed | <input type="checkbox"/> Partially Completed | <input type="checkbox"/> Have not applied |
|------------------------------------|--|---|

New Applicant Questionnaire

1) Does this school/organization or any of its sites participate in any other federal meal programs? If yes, please indicate which programs below.

Child and Adult Care Food Program (CACFP) Summer Food Service Program (SFSP)

2) Does this school/organization or any of its sites plan to apply to participate in any other federal meal programs? If yes, please indicate which programs below. If you plan to also apply for the CACFP or SFSP we will work together in order to streamline the application process where we can. If you are planning to apply for CACFP and/or the SFSP you will still need to submit an application and required paperwork for those programs. For more information on these programs, click on the program name below and/or call the staff that work with those programs at 800/545-7892.

Child and Adult Care Food Program (CACFP) Summer Food Service Program (SFSP)

3) Which meal services do you wish to apply for?

National School Lunch Program After School Snack Program
 Special Milk Program

*After School Supper Program is available through the CACFP Program.

4) Will meals be prepared and served by staff employed by your school/organization or do you plan to contract the meal service? (if only applying for the special milk program – skip this question)

Self-Operated Contract

5) Have you viewed the following resources to learn about the rules and regulations of administering the School Nutrition Programs?

Administrative Handbook New Applicant Online Training Modules

Certification Statement

The administrator hereby certifies that the foregoing is true and correct and that it will comply with all the rules and regulations governing participation in the program(s) for which we are applying.

Date	Signature of Administrator
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ISBE Use Only	
Date	Signature of ISBE Administrator