



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

NEW APPLICANT FORM

SCHOOL NUTRITION PROGRAMS

NAME OF SCHOOL/ORGANIZATION		
ADDRESS		
NAME OF ADMINISTRATOR	EMAIL ADDRESS	PHONE NUMBER
NAME OF CONTACT PERSON (if different from the Administrator)	EMAIL ADDRESS	PHONE NUMBER
NAME OF FOOD SERVICE DIRECTOR		<input type="checkbox"/> I certify this person is employed by the school/organization applying for the School Nutrition Programs.
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 <small>all nonpublic organizations or schools must be federally tax-exempt with a current federal 501(c)(3) status.</small>		
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		
GATA STATUS <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.

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
 School Breakfast 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) What grades do you plan on serving?

Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

6) What is your preferred start date?*

**Please note, a start date cannot be guaranteed.*

7) 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 None

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.

Original or Digital Signature of Administrator

Date

ISBE USE ONLY

Original or Digital Signature of ISBE Administrator

Date