

# **Special Nutrition Programs**

## **Summer Food Service Program**

### **APPLICATION**



**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

## SFSP Public or Non-Profit Residential Summer Camp Checklist

The following forms (including this checklist) must be completed.

\_\_\_\_\_  
Name of Camp

**Applicant**      **State Agency Use Only**  
(check when completed)    (form completed/accepted)

<b>Form Number</b>	<b>Description</b>		
SNP-2160	Application for Participation		
SNP-2161	Site Information		
SNP-2	Certificate of Authority		
SNP-3	Officers and Employees <b>If Applicable</b>		
SNP-4	Funds Received		
FRPS-1	Meal Policy Statement		
SNP-6	Pre-Award Compliance		
SNP-7	Public Release Verification		
	Schedule for making Pre-Operational visits		
	Schedule for Site Visitation		
	Description of Method used to secure Corrective Action including Follow-Up Plans		
	Description of Procedures for Collecting Daily Number of Meals		
W-9	Taxpayer ID Number		
EO-98	AR Executive Disclosure		
SF-LLL	Lobbying Disclosure		
	Training Certificate		
	SFSP Agreement		
	Food Service Contract <b>If Applicable</b>		
	Copy of Health Inspection or Letter from Health Dept. for each site		
	IRS Tax Exempt Letter		
	Direct Deposit (Contact SNP)		

\_\_\_\_\_  
FOR STATE AGENCY USE ONLY: **Agreement No.** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

**Approval Dates:** From \_\_\_\_\_ **To** \_\_\_\_\_

SFSP Public or Non-Profit Private Local Education Agency  
Checklist

The following forms (including this checklist) must be completed.

\_\_\_\_\_  
Name of School

**Applicant**                      **State Agency Use Only**  
(check when completed)                      (form completed/accepted)

Form Number	Description	Applicant (check when completed)	State Agency Use Only (form completed/accepted)
SNP-2160	Application for Participation		
SNP-2161	Site Information		
SNP-2	Certificate of Authority		
SNP-3	Officers and Employees <b>If Applicable</b>		
SNP-4	Funds Received		
FRPS-1	Meal Policy Statement		
SNP-6	Pre-Award Compliance		
SNP-7	Public Release Verification		
	Schedule for making Pre-Operational visits		
	Schedule for Site Visitation		
	Description of Method used to secure Corrective Action including Follow-Up Plans		
	Description of Procedures for Collecting Daily Number of Meals		
W-9	Taxpayer ID Number		
EO-98	AR Executive Disclosure		
SF-LLL	Lobbying Disclosure		
	Training Certificate		
	SFSP Agreement		
	Food Service Contract <b>If Applicable</b>		
	Copy of Health Inspection or Letter from Health Dept. for each site		
	IRS Tax Exempt Letter ( <b>if Applicable</b> )		
	Direct Deposit (Contact SNP)		

\_\_\_\_\_  
FOR STATE AGENCY USE ONLY: Agreement No. \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Approval Dates: From \_\_\_\_\_ To \_\_\_\_\_

## SFSP State, Local, Municipal, or County Government Agency Checklist

The following forms (including this checklist) must be completed.

\_\_\_\_\_  
Name of Agency

**Applicant**  
(check when completed)

**State Agency Use Only**  
(form completed/accepted)

<b>Form Number</b>	<b>Description</b>	<u><b>Applicant</b></u> (check when completed)	<u><b>State Agency Use Only</b></u> (form completed/accepted)
SNP-2160	Application for Participation		
SNP-2161	Site Information		
SNP-2	Certificate of Authority		
SNP-3	Officers and Employees <b>If Applicable</b>		
SNP-4	Funds Received		
FRPS-1	Meal Policy Statement		
SNP-6	Pre-Award Compliance		
SNP-7	Public Release Verification		
	Schedule for making Pre-Operational visits		
	Schedule for Site Visitation		
	Description of Method used to secure Corrective Action including Follow-Up Plans		
	Description of Procedures for Collecting Daily Number of Meals		
W-9	Taxpayer ID Number		
<b>EO-98</b>	AR Executive Disclosure		
<b>SF-LLL</b>	Lobbying Disclosure		
	Training Certificate		
	SFSP Agreement		
	Food Service Contract <b>If Applicable</b>		
	Copy of Health Inspection or Letter from Health Dept. for each site		
	Direct Deposit (Contact SNP)		

\_\_\_\_\_  
FOR STATE AGENCY USE ONLY: **Agreement No.** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

**Approval Dates:** From \_\_\_\_\_ **To** \_\_\_\_\_

## SFSP Colleges and Universities Checklist

The following forms (including this checklist) must be completed.

\_\_\_\_\_  
Name of School

**Applicant**                      **State Agency Use Only**  
(check when completed)      (form completed/accepted)

Form Number	Description	Applicant (check when completed)	State Agency Use Only (form completed/accepted)
SNP-2160	Application for Participation		
SNP-2161	Site Information		
SNP-2	Certificate of Authority		
SNP-3	Officers and Employees <b>If Applicable</b>		
SNP-4	Funds Received		
FRPS-1	Meal Policy Statement		
SNP-6	Pre-Award Compliance		
SNP-7	Public Release Verification		
	Schedule for making Pre-Operational visits		
	Schedule for Site Visitation		
	Description of Method used to secure Corrective Action including Follow-Up Plans		
	Description of Procedures for Collecting Daily Number of Meals		
W-9	Taxpayer ID Number		
<b>EO-98</b>	AR Executive Disclosure		
<b>SF-LLL</b>	Lobbying Disclosure		
	Training Certificate		
	SFSP Agreement		
	Food Service Contract <b>If Applicable</b>		
	Copy of Health Inspection or Letter from Health Dept. for each site		
	Direct Deposit (Contact SNP)		

\_\_\_\_\_  
FOR STATE AGENCY USE ONLY: **Agreement No.** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

**Approval Dates: From** \_\_\_\_\_ **To** \_\_\_\_\_

)

## SFSP Other Private Non-Profit Organizations Checklist

The following forms (including this checklist) must be completed.

\_\_\_\_\_  
Name of Organization

<b>Form Number</b>	<b>Description</b>	<b><u>Applicant</u></b> (check when completed)	<b><u>State Agency Use Only</u></b> (form completed/accepted)
SNP-2160	Application for Participation		
SNP-2161	Site Information		
SNP-2	Certificate of Authority		
SNP-3	Officers and Employees <b>If Applicable</b>		
SNP-4	Funds Received		
FRPS-1	Meal Policy Statement		
SNP-6	Pre-Award Compliance		
SNP-7	Public Release Verification		
	Schedule for making Pre-Operational visits		
	Schedule for Site Visitation		
	Description of Method used to secure Corrective Action including Follow-Up Plans		
	Description of Procedures for Collecting Daily Number of Meals		
W-9	Taxpayer ID Number		
<b>EO-98</b>	AR Executive Disclosure		
<b>SF-LLL</b>	Lobbying Disclosure		
	Training Certificate		
	SFSP Agreement		
	Food Service Contract <b>If Applicable</b>		
	Copy of Health Inspection or Letter from Health Dept. for each site		
	IRS Tax Exempt Letter		
	Direct Deposit (Contact SNP)		

\_\_\_\_\_  
FOR STATE AGENCY USE ONLY: **Agreement No.** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

**Approval Dates:** From \_\_\_\_\_ **To** \_\_\_\_\_

**Arkansas Department of Human Services  
Division of Child Care and Early Childhood Education  
Special Nutrition Programs  
SPONSOR APPLICATION FOR PARTICIPATION  
SUMMER FOOD SERVICE PROGRAM**

INSTRUCTIONS: Complete this application. Submit applications with an original SNP-2161 (Site Information Record) for each site and for each session (if more than one is offered where the program will be administered by the applicant. If more space is needed, continue on a plain sheet of paper numbering each item. Type or print clearly all information.

**3. INTENDED DATES OF FOOD SERVICE PROGRAM OPERATION**

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

TOTAL NUMBER OF DAYS OF OPERATION \_\_\_\_\_

**4. NAME AND TITLE OF AUTHORIZED SPONSOR  
REPRESENTATIVE WHO WILL SIGN THE AGREEMENT FORM**

**1. AGREEMENT NUMBER (TO BE COMPLETED BY SNP)**

**2. NAME OF APPLICANT/SPONSOR**

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

RECORDS ADDRESS \_\_\_\_\_

TELEPHONE # ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**5. TYPE OF APPLICANT**

- \_\_\_\_\_ Public Or Nonprofit Private School Food Authority
- \_\_\_\_\_ Public Or Nonprofit Residential Summer Camp
- \_\_\_\_\_ State, Local, Municipal, Or County Government Entity
- \_\_\_\_\_ Colleges And Universities Participating in National Youth Sports Program
- \_\_\_\_\_ Other Private Nonprofit Institutions

**6. INDICATE OTHER USDA PROGRAMS IN WHICH THE APPLICANT PARTICIPATES**

- NONE                       CHILD AND ADULT CARE                       NATIONAL SCHOOL LUNCH PROGRAM  
 SCHOOL BREAKFAST PROGRAM                       FOOD PROGRAM                       FOOD DISTRIBUTION PROGRAM                       SPECIAL MILK PROGRAM

**7A. DOES THE APPLICANT PROVIDE AN ONGOING YEAR-ROUND SERVICE TO THE COMMUNITY THAT WOULD BE SERVED BY THE SUMMER FOOD SERVICE PROGRAM?**

YES (If "YES", describe the nature of the service, the date it was instituted and the average number of paid and volunteer workers during the six months preceding this application.)                       NO

**7B. WAS APPLICANT EVER TERMINATED OR DETERMINED TO HAVE BEEN EXCLUDED OR SERIOUSLY DEFICIENT IN ITS OPERATION OF THE SUMMER FOOD SERVICE PROGRAM OR ANY CHILD NUTRITION PROGRAM?**

YES (If "YES", please explain below.)                       NO

8. HOW WILL MEALS BE PROVIDED TO SITE?	RURAL SITES	NON RURAL SITES	TOTAL SITES
Prepare Meals On Site			
Central Kitchen			
Sponsor Preparation At A School Food Service Facility			
Agreement With Local Educational Agency			
Contract With Food Service Mgmt Company (If Contract Exceeds \$10,000 attach a copy of the wording to be used in the summary of the invitation to bid, the planned date and place of publication, and the planned date and place of open bidding)			

9. INDICATE TOTAL AVERAGE DAILY PARTICIPATION OF ELIGIBLE CHILDREN TO BE SERVED BY MEAL TYPE AT ALL SITES LISTED ON FORM CFS-2164. SITE INFORMATION SHEET. (FOR CAMPS, LIST ONLY THE ESTIMATED TOTAL AVERAGE DAILY PARTICIPATION OF ELIGIBLE CHILDREN FOR EACH SESSION IN WHICH REIMBURSEMENT FOR MEALS WILL BE CLAIMED UNDER SFSP.)

TOTAL BREAKFAST	TOTAL AM SUPPLEMENT	TOTAL LUNCH	TOTAL PM SUPPLEMENT	TOTAL SUPPER	TOTAL BREAKFAST

10. **ADVANCE PAYMENTS**  
DO YOU WISH TO REQUEST ADVANCE PAYMENTS?

YES  NO

**COMMODITIES**  
DOES THE APPLICANT WISH TO PARTICIPATE IN THE COMMODITY PROGRAM?

YES  NO

11. LIST THE SPONSOR LEVEL PERSONNEL WHO WILL BE RESPONSIBLE FOR ADMINISTERING THE SUMMER FOOD PROGRAM

TITLE OF POSITION	NO.	HOURS PER DAY ON SFSP	SALARY PER HOUR - VOLUNTEER USE "V"	NO. OF DAYS	TOTAL SALARY FOR PROGRAM	SOURCE OF REIMBURSEMENT (USDA, ETC.)	NAME OF ADMINISTRATIVE PERSONNEL	SNP APPROVED AMOUNT
ADMINISTRATIVE								
SFSP-DIRECTOR OR COORDINATOR								
SFSP-ASSISTANT DIRECTOR/COORDINATOR								
BOOKKEEPER/ACCOUNTANT								
CLERICAL STAFF (Secretary)								
MONITORS (Not less than one per 20 sites)								
OTHERS								
TOTAL ADMINISTRATIVE SALARIES								

11A. DID ANY OF THE PERSONNEL NAMED ABOVE WORK FOR ANOTHER SUMMER FOOD SERVICE PROGRAM SPONSOR OR A FOOD SERVICE MANAGEMENT COMPANY?

YES (If yes, give name of person, name and address of sponsor or food service management company and dates of employment there.)

NO



**12. OPERATIONAL AND ADMINISTRATIVE BUDGET (All will be paid actual meals served x the rates for reimbursement)**

A. ESTIMATED OPERATIONAL COST (FOOD SERVICE)		B. ESTIMATED ADMINISTRATIVE COSTS	
FOOD		SPONSOR AMOUNT	TOTAL ADMINISTRATIVE SALARIES
			SPONSOR AMOUNT
LABOR	SITE		RENT/OFFICE SPACE (Attach Contract)
			UTILITIES
	KITCHEN		OFFICE SUPPLIES
			AUDIT FEES (ATTACH LETTER)
NON-FOOD SUPPLIES		TRANSPORTATION	RENTAL MILEAGE
UTILITIES			TELEPHONE
			POSTAGE
KITCHEN OR TRUCK RENTAL (Attach Contract)			LEGAL FEES
			USE ALLOWANCE
EQUIPMENT RENTAL (Attach Contract)			OFFICE BLDG MAINTENANCE
OTHER (Minor Kitchen Renovation)			OTHER (SPECIFY)
TOTAL			INDIRECT COST (rate) (Attach copy of cognizant agency's approval)
			TOTAL

**WARNING STATEMENT OF CRIMINAL PROVISION AND PENALTIES**

As established in Section 13 (o) of the National Lunch Act (42 U.S.C. 1761 (o)):

(A) Whoever, in connection with any application, procurement, record keeping entry, claim for reimbursement, or other document or statement made in connection with the Program, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, or whoever, in connection with the Program, knowingly makes an opportunity for any person to defraud the United States, or does or omits to do any act with intent to enable any person to defraud the United States, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

(B) Whoever being a partner, officer, director, or managing agent connected in any capacity with any partnership, association, corporation, business, or institution, either public or private, that receives benefits under the Program, knowingly or willfully embezzles, misapplies, steals, or obtains by fraud, false statement, or forgery, any benefits provided by the Program, or any money, funds, assets, or property derived from benefits provided by the Program, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both (but, if the benefits, money, funds, assets, or property involved is not over \$200, then the penalty shall be a fine of not more than \$1,000 or imprisonment of not more than one year, or both).

(C) If two or more persons conspire or collude to accomplish any act described in paragraphs (a)(5)(I)(A) and (b) of Section 225.6 and one or more of such persons do any act to effect the object of the conspiracy or collusion, each shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

**TERMINATION PROCEDURES**

As established by Section 225.11 (C) of the SFSP Regulations:

1. The State agency shall terminate the Program agreement with any sponsor, which it determines to be seriously deficient. However, the State agency shall afford a sponsor reasonable opportunity to correct problems before terminating the sponsor for being seriously deficient.

2. The State agency may approve the application of a sponsor which has been disapproved or terminated in prior years in accordance with the paragraph if the sponsor demonstrates to the satisfaction of the State agency that the sponsor has taken appropriate corrective actions to prevent recurrence of the deficiencies. Serious deficiencies, which are grounds for disapproval of application and for termination, include, but are not limited to, any of the following:

- (a) Noncompliance with the applicable bid procedures and contract requirements of Federal Child Nutrition Program Regulations.
- (b) The submission of false information to the State agency.
- (c) Failure to return to the State agency any advance payment which exceeded the amount earned for serving meals in accordance with Part 225, failure to submit all claims for reimbursement in any prior year, provided that failure to return any advance payments for months for which claims for reimbursement are under dispute from any prior year shall not be grounds for disapproval in accordance with this paragraph.
- (d) Program violations at a significant proportion of the sponsor's sites. Such violations include, but are not limited to, the following:
  - 1) Noncompliance with the meal service time restrictions set forth in Section 225.16
  - 2) Failure to maintain adequate records.
  - 3) Failure to adjust meal orders to conform to variations in the number of participating children.
  - 4) The simultaneous service of more than one meal to any child.
  - 5) The Claiming of Program payments for meals not served to participating children.
  - 6) Service of a significant number of meals, which did not include required quantities of all meals components.
  - 7) Excessive instances of off site meal consumption.
  - 8) Continued use of food service management companies that are in violation of health codes.

**NOTE:** Sponsor of sites which have been terminated in accordance with the provisions above shall be allowed to appeal in accordance with Section 225.13.

I certify that the information on this application and the attached CFS-2161 Site Information Sheet, is true to the best of my knowledge, that reimbursements will be claimed only for meals served to eligible children regardless of sex, age, handicap, race, color, or national origin, at approved food services sites, and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served. I understand that this information is being given in connection with the receipt of Federal funds, and the deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The program must be made available to all eligible children regardless of age, sex, disability, race, color, or national origin.

DATE	NAME AND TITLE OF AUTHORIZED SPONSOR REPRESENTATIVE (print or type)	SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE





18. FULLY DESCRIBE THE ARRANGEMENTS THAT HAVE BEEN MADE WITHIN STANDARDS PRESCRIBED BY THE STATE OR LOCAL HEALTH DEPARTMENT, FOR:

- A. The delivery of meals (If applicable).
  
- B. The holding of meals until the time of meal service.
  
- C. The storage and refrigeration of any excess meals until the next day or the return of any excess meals to the vendor. (If applicable)

19. ITEMS 19 A, B, AND C ARE TO BE ANSWERED ONLY IF MEALS ARE DELIVERED TO THIS SITE.

A. Describe the system the site supervisor will use to communicate with the sponsor to adjust the number of meals delivered in accordance with the number of children attending daily at the site.

B. What are the time frames for submitting adjustments of meal orders?

C. Will delivery be within one hour of the meal service or no later than the meal service?     NO                       YES

If No, please explain:

---

I CERTIFY THAT THIS SITE HAS BEEN VISITED AND THAT THE INFORMATION OF THIS FORM AND SUBSEQUENT ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I 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. THE PROGRAM MUST BE MADE AVAILABLE TO ALL CHILDREN REGARDLESS OF SEX, AGE, DISABILITIES, RACE, COLOR, OR NATIONAL ORIGIN.

---

NAME AND TITLE OF SPONSOR REPRESENTATIVE (Print)	SIGNATURE OF SPONSOR REPRESENTATIVE	DATE

**SPECIAL NUTRITION PROGRAMS  
PUBLIC RELEASE VERIFICATION**

USDA regulations require that all Special Nutrition Programs participants submit an annual public release to the news media (use Public Release form SNP-8). The news media that the release is submitted to **MUST** be in the area from which the institution draws its attendance. **The State Agency does not require the sponsor to pay for the announcement; however, the public release must be submitted to the news media.**

\*\*\*\*\*

On the date indicated below, a public release was submitted to the news media:

DATE \_\_\_\_\_

NAME OF MEDIA \_\_\_\_\_

TYPE OF MEDIA \_\_\_\_\_

LOCATION OF MEDIA \_\_\_\_\_

(Do not send SNP a copy of the actual release. Your signature below affirms that the recommended public release was provided to the media indicated.).

\_\_\_\_\_  
(AUTHORIZED SIGNATURE)

\_\_\_\_\_  
(DATE)

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
SPECIAL NUTRITION PROGRAMS  
OFFICERS AND EMPLOYEES  
(If Applicable)**

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(NAME OF INSTITUTION)

Federal regulations require that Special Nutrition Programs have on file information regarding all members of the Board of Directors and employees of institutions that participate in any USDA Federally funded food program. No more than **49%** of the total make-up of the Board of Directors may be (1) employees receiving compensation from the institution and/or (2) family members (relationship by blood or by marriage). **This office must be advised immediately of any changes in the board membership or key employees such as the Director or any authorized personnel.**

**1. BOARD MEMBERS (attach additional pages if necessary):**

Name and Address of Board Member Of above Institution	Position Held On this Board	Receives any Compensation (salary or other) (yes or no)	Related to any other Board Member(s) (yes or no)	Relationship to other Board Member(s) (by blood or marriage)

---

AUTHORIZED SIGNATURE

---

DATE

**2. OWNERS (For-Profit only):**

**DATE OF BIRTH (required):**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**3. EMPLOYEES:**

<b>Names of Employees</b>	<b>DOB (Required)</b>	<b>Does this employee have a second job (outside or within the institution)?</b>	<b># of hours (day/evening) this employee works at the second job</b>	<b>Does this outside employment constitute a real or apparent conflict of interest to <u>CACFP</u> duties?</b>



**SPECIAL NUTRITION PROGRAMS  
FUNDS RECEIVED**

State DHS regulations require participating **institutions that receive more than \$100,000 per year in State and/or Federal funds to arrange for an annual audit. It is the institution's responsibility to pay for the audit.** The Department of Human Services Audit Section must receive a copy of the audit report **within 120 days after the Institution's fiscal year end.**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Name of Institution)	(Agreement Number)
Total NSLP funds received (Includes School Breakfast, Special Milk and the At-Risk After School Snack Programs)	\$ _____
Total CACFP funds received (Includes snack programs licensed under the Child Care Program)	\$ _____
Total SFSP funds received	\$ _____
Total Other Federal funds received	\$ _____
Total State funds received	\$ _____
Total Local funds received	\$ _____
Total cost of audit	\$ _____
Date of last audit	\$ _____

**FISCAL INFORMATION MUST BE BASED ON LAST YEAR'S REIMBURSEMENT.**

I understand that if any of the information provided above is found to be incorrect, DHS and Special Nutrition Programs may take administrative action that could result in termination of this agreement. I also understand that if I have intentionally misrepresented the income received by this institution, I will be subject to prosecution.

(Authorized Signature)	(Date)
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# Arkansas Department of Human Services

Division of Child Care and Early Childhood Education  
Special Nutrition Programs

## AGREEMENT BETWEEN SPONSOR AND SPECIAL NUTRITION PROGRAMS SUMMER FOOD SERVICE PROGRAM

This application must be signed and submitted to the Special Nutrition Programs. The SNP will enter sponsor's approved administrative budget on SNP-2160 page 3 of 4.

AGREEMENT NUMBER  
(To be Completed by SNP)

DATES PROGRAM APPROVED TO OPERATE

FROM:

TO:

NAME and MAILING ADDRESS OF SPONSOR (include ZIP code)

In order to comply with the purpose of Section 13 of the National School Lunch Act (42 U.S.C. 176) as amended, and the regulations governing the Summer Food Services Program for Children issued thereunder 7 CFR Part 225 (hereafter referred to as the "Summer Program") the Special Nutrition Programs (hereafter referred to as SNP) and the sponsor whose name and address appear above covenant and agree as follows:

### THE SPONSOR:

Represents and warrants that it will accept final administrative and financial responsibility for total program operations at all sites listed on SNP-2164 and SNP-2161.

I CERTIFY THAT ALL SITES HAVE BEEN VISITED AND THAT THE INFORMATION ON THIS FORM AND SUBSEQUENT ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I 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. THE PROGRAM MUST BE MADE AVAILABLE TO ALL CHILDREN REGARDLESS OF SEX, AGE, DISABILITY, RACE, COLOR, OR NATIONAL ORIGIN.

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
SNP Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Date

**SPECIAL NUTRITION PROGRAMS  
CERTIFICATE OF AUTHORITY**

Agreement #: \_\_\_\_\_

This is to certify that \_\_\_\_\_  
(PRINT NAME OF AUTHORIZED PERSON)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED PERSON)

\_\_\_\_\_  
(TITLE)

**IS DESIGNATED AS THE AUTHORIZED REPRESENTATIVE OF THE**

\_\_\_\_\_  
(NAME OF INSTITUTION)

\_\_\_\_\_  
(TELEPHONE NUMBER)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

Authority is hereby given to the above designated representative to enter into an agreement whether by handwritten or electronic signature, on behalf of the above-named institution for the operation of the Child and Adult Care Food Program, National School Lunch Program, and/or Summer Food Service Program, on all remaining forms for this application and any other documents or Division reports relating thereto, including claims for reimbursement.

**PLEASE SUBMIT ONE (1) FORM PER PERSON WITH SIGNATURE AUTHORITY**

**Non-Profit Institution**

**BY:** \_\_\_\_\_

(SIGNATURE: EXECUTIVE DIRECTOR, PRESIDENT OF BOARD OF DIRECTORS OR SCHOOL SUPERINTENDENT)

\_\_\_\_\_  
(DATE)

**For-Profit Institution (CACFP Only)**

**BY:** \_\_\_\_\_

(SIGNATURE: OWNER(S))

\_\_\_\_\_  
(DATE)

By my signature above, I understand that Special Nutrition Programs **must** be advised immediately of any change in authorized personnel and my designation of the above-named representative does not relieve me of any liability for the mistakes, fraud or any other illegal activity performed by the designated representative in the name of or on behalf of the above-named institution.

(If interested in Direct Deposit, please call the SNP Office at 501.682.8869 or 1.800.482.5850 ext. 28869)

**On-line Password Request(s)**

**Will this person be submitting claims?**

**YES**

**NO**

Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
Last First M.I.

**E-Mail Address:** \_\_\_\_\_

**Answer one (ONLY ONE) of the following security questions:**

What is your mother's maiden name? \_\_\_\_\_

What was your first pet's name? \_\_\_\_\_

What city were you born in? \_\_\_\_\_

What is your favorite color? \_\_\_\_\_

\_\_\_\_\_  
**Start Date**

\_\_\_\_\_  
**End Date**

# SPECIAL NUTRITION PROGRAMS

## SUMMER FOOD SERVICE PROGRAM

### CERTIFICATE OF TRAINING

**Requirements:** Summer Food Service Program Sponsors are responsible to train both administrative and site personnel. Training of site personnel must include the following areas:

Purpose of the Program  
Site Eligibility  
Record Keeping  
Site Operation  
Meal Pattern Requirements

Civil Rights  
Audits  
Retention of Records  
Duties of a Monitor

At each site, there must be at least one person who has received the required training. The training is more effective when offered close to the start of the Program's operation. It may be necessary to continue this training throughout the summer to ensure that administrative and site personnel are thoroughly knowledgeable in all areas of Program administration and operation.

This is to certify that \_\_\_\_\_ of  
(Name of Person)

\_\_\_\_\_ will conduct training for  
(Name of School)

the Summer Food Service Program on \_\_\_\_\_ as required by Federal  
(Date)

Regulation governing Summer Food Service Program, 7 CFR Part 225.

**A copy of the agenda and the names of those in attendance will be maintained for three (3) years and will be available to Special Nutrition Programs upon request.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

**SPECIAL NUTRITION PROGRAMS  
PRE-AWARD COMPLIANCE REVIEW**

<b>Name of Institution</b>	<b>Agreement No.</b>
----------------------------	----------------------

The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), DOJ (28 CFR Parts 42 and 50) and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it will immediately take any measures necessary to fulfill this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a Consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the Program applicant.

**Estimate by Ethnic group the number of children or adult participants that will be enrolled in the Program at each center or facility.**

**ETHNIC CATEGORIES:**

<b>Hispanic or Latino</b>	<b>Not Hispanic or Latino</b>

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin regardless of race.

**RACIAL CATEGORIES:**

**Estimate by Racial group the number of children or adult participants that will be enrolled in the Program at each center or facility.**

<b>American Indian/Alaskan Native</b>	<b>Asian</b>	<b>Black or African American</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>White</b>

**American Indian/Alaskan Native:** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).

**Asian:** A person having origins in any of the Far East, Southeast Asia, the Indian Subcontinent.

**Native Hawaiian or Other Pacific Islander:** A person native to Hawaii or other Pacific Islands.

**Black or African American:** A person having origins in any Black racial groups.

**White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

This projection is made, based on: (1) comparative enrollment in facilities (2) personal knowledge (3) observation of students (4) voluntary self-identification on the free and reduced-price meal application forms (circle one)

1. Is the child or adult day care center, school, or sponsor, an institution with specific membership requirements?  YES  NO
  
2. What efforts will be made by the institution to contact minority and grassroots organizations about the opportunity to participate in the program?
  
3. What other steps will be taken by the institution to ensure minorities have an equal opportunity to participate in the program?
  
4. Is the institution currently receiving financial assistance from agencies other than the National School Lunch Program, School Breakfast Program, Child and Adult Care Program, Summer Food Service Program, and/or Special Milk Program administered by Special Nutrition Program?  YES  NO  
If YES, please give details:
  
5. Has any federal agency notified the institution of any non-compliance with the Civil Rights Act of 1964?  YES  NO

If YES, please give details including dates, names, and results:

**REHABILITATION ACT OF 1973 (SECTION 504)**

1. Are there any policies, practices, or architectural barriers that limit or deny participation or employment in the program because of disability?  YES  NO

If YES, explain:

2. Are there any policies or practices that result in different treatment of participants, applicants, or employees according to any disability?  YES  NO

If YES, explain:

3. If the institution employs 15 or more people, has the institution designated a coordinator to carry out Section 504 requirements?  YES  NO

If YES, enter the name of the coordinator and title:

Name of Coordinator	Title
---------------------	-------

4. If the institution employs 15 or more people, has the institution established grievance procedures that incorporate appropriate due process standards?  YES  NO  NA

If yes, do these procedures provide for the prompt and equitable resolution of complaints that allege an action prohibited by Section 504 of the rehabilitation Act of 1973?  YES  NO

If yes, has the institution informed the public of the right to file a complaint and of the filing procedure?  YES  NO

If yes, briefly describe how:

5. Has the institution taken steps to notify employees, participants, and applicants that the institution does not discriminate on the basis of disability?  YES  NO

If YES, do the people notified include those with impaired vision or hearing and members of unions or professional organizations holding collective bargaining or professional agreements?  YES  NO

If YES, briefly describe:

6. Do all the institution forms, publications, and recruitment materials which inform the public of program benefits and employment opportunities contain the assurance that the institution does not discriminate on the basis of any disability?  YES  NO

7. Does the institution have a procedure to ensure that the remedial or corrective action has been or will be taken if non-compliance has occurred?  YES  NO

If YES, explain:

---

(AUTHORIZED SIGNATURE)

---

(DATE)

---

(TITLE)



**SPECIAL NUTRITION PROGRAMS  
FREE AND REDUCED PRICE MEAL POLICY STATEMENT**

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(NAME OF INSTITUTION)

assures the Special Nutrition Programs and the Department of Human Services that all children/adult (if an adult program) participants in attendance will be offered the same meals with no separate charge or any physical segregation of or other discrimination against any child/adult (if an adult program) participant on the grounds of race, color, national origin, sex, age, or disability. This policy applies to all institutions included in this Agreement.

**CACFP ONLY:**

I understand that it is my responsibility to request family income data from the parents of all eligible children (including any residential children in day care homes) and/or from eligible adult participants whose meals will be reimbursed by the free or reduced rates. Income information will be collected and updated on a yearly basis (or more frequent if family income changes) to ensure that all children and/or adult participants are reported in the correct eligibility category. The current family income scale prescribed by Federal Regulations will be used to make this determination.

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(AUTHORIZED SIGNATURE)

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(DATE)

---

(SIGNATURE – STATE ADMINISTRATOR)

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(DATE)

# DISCLOSURE OF LOBBYING ACTIVITIES

<p>1. TYPE OF FEDERAL ACTION:</p> <input type="checkbox"/> <ul style="list-style-type: none"> <li>a. Contract</li> <li>b. Grant</li> <li>c. Cooperative Agreement</li> <li>d. Loan</li> <li>e. Loan Guarantee</li> <li>f. Loan Insurance</li> </ul>	<p>2. STATUS OF FEDERAL ACTION:</p> <input type="checkbox"/> <ul style="list-style-type: none"> <li>a. Bid/offer/application</li> <li>b. Initial award</li> <li>c. Post-award</li> </ul>	<p>3. REPORT TYPE:</p> <input type="checkbox"/> <ul style="list-style-type: none"> <li>a. Initial filing</li> <li>b. Material change</li> </ul> <p><b>For Material Change Only:</b></p> <p>Year _____ Quarter _____</p> <p>Date of Last Report _____</p>
<p>4. NAME AND ADDRESS OF REPORT ENTITY:</p>	<p>5. IF REPORTING ENTITY IN NO. 4 IS SUB-AWARDEE, ENTER NAME AND ADDRESS OF PRIME:</p> <p>CONGRESSIONAL DISTRICT, <i>IF KNOWN</i></p>	
<p>6. FEDERAL DEPARTMENT / AGENCY:</p>	<p>7. FEDERAL PROGRAM NAME / DESCRIPTION:</p> <p>CFDA NUMBER, <i>IF APPLICABLE</i>: _____</p>	
<p>8. FEDERAL ACTION NUMBER, <i>IF KNOWN</i>:</p>	<p>9. AWARD AMOUNT, <i>IF KNOWN</i>:</p> <p>\$ _____</p>	
<p>10. a. NAME AND ADDRESS OF LOBBYING ENTITY: (If individual, last name, first name, MI):</p> <p style="text-align: center;"><b>(Attach</b></p> <p><b>Continuation</b></p>	<p>b. INDIVIDUALS PERFORMING SERVICES (<i>INCLUDING ADDRESS IF DIFFERENT FROM NO. 10a.</i>) (<i>Last name, first name, MI</i>):</p> <p style="text-align: center;"><b>Sheet(s) SF-LLL-A, if necessary)</b></p>	
<p>11. AMOUNT OF PAYMENT (<i>Check all that apply</i>):</p> <p style="text-align: right;"><input type="checkbox"/> Actual</p> <p>\$ _____</p> <p style="text-align: right;"><input type="checkbox"/> Planned</p>	<p>13. TYPE OF PAYMENT (<i>Check all that apply</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Retainer</li> <li><input type="checkbox"/> b. One-time fee</li> <li><input type="checkbox"/> c. Commission</li> <li><input type="checkbox"/> d. Contingent fee</li> <li><input type="checkbox"/> e. Deferred</li> <li><input type="checkbox"/> f. Other: specify: _____</li> </ul>	
<p>12. FORM OF PAYMENT (<i>Check all that apply</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Cash</li> <li><input type="checkbox"/> b. In-kind, specify: Nature _____</li> <li style="padding-left: 40px;">Value _____</li> </ul>		
<p>14. BRIEF DESCRIPTION OF SERVICES PERFORMED OR TO BE PERFORMED AND DATE(S) OF SERVICE, INCLUDING OFFICER(S), EMPLOYEE(S), OR MEMBER(S) CONTACTED FOR PAYMENT INDICATED IN ITEM 11:</p>		
<p>15. CONTINUATION SHEET(S) SF-LLL-A ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/></p>		
<p>16. Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the item above when this transaction was made or entered into this disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a cruel penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>SIGNATURE: _____</p> <p>PRINT NAME: _____</p> <p>TITLE: _____</p> <p>TELEPHONE NO.: _____</p> <p>DATE: _____</p>	

CERTIFICATION REGARDING LOBBYING

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Applicable to Grants, Sub-grants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.

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Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal Grant, the making of a Federal loan, the entering into of a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub-recipients shall certify and disclose accordingly.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name /Address of Organization

\_\_\_\_\_  
Name FNS Grant/Cooperative Agreement

\_\_\_\_\_  
Name/Title of Submitting Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to the 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include the Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the sub-awardee, leg., the first sub-awardee of the prime is the 1<sup>st</sup> tier. Sub-awards include but are not limited to sub-contracts, sub-grants, and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub-awardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include the Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal agency identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonable expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply; Y. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

**CERTIFICATION CONCERNING**  
**EXECUTIVE ORDER E0-98-04**  
**EXECUTIVE ORDER DISCLOSURE FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State/Zip County

CONTRACT NO: \_\_\_\_\_ FEDERAL NO: \_\_\_\_\_

CONTRACT EFFECTIVE DATE: \_\_\_\_\_

**B. DISCLOSURE REQUIREMENTS**

Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, employment, or grant with any state agency, that any individual desiring to contract with, be employed by, or receive grant benefits from, any state agency shall disclose whether that person is a current or former; member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence. Agencies shall require that any non-individual entity desiring to contract with, or receive grant benefits from, any state agency shall disclose (1.) any position of control, or (2.) any ownership interests of 10% or greater, that is held by a current or former member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence.

As a condition for obtaining funding through a contract, lease, purchase agreement, or a grant with the Department of Human Services, the following information must be disclosed:

Individual contractor indicate below if you are:

	Current	Former	Term(s) of service
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)	
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)	
3. A state employee	Yes/No (circle one)	Yes/No (circle one)	
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)	

Individual contractor indicate below if you are a spouse or immediate family member of an individual that is;

	Current	Former	Term(s) of service	Relative's name and relationship
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)		
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)		
3. A state employee	Yes/No (circle one)	Yes/No (circle one)		
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)		

Non-individual entity list any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual is:

	Relative's name &		Term(s) of Service	Relationship	Individual
	Current	Former			
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)			
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)			
3. A state employee	Yes/No (circle one)	Yes/No (circle one)			
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)			

Non-individual entity list any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual is a spouse or immediate family member of:

	Relative's name &		Term(s) of service	Relationship	Individual
	Current	Former			
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)			
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)			
3. A state employee	Yes/No (circle one)	Yes/No (circle one)			
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)			

Failure of any person or entity to disclose under any term of Executive Order 98-04 shall be considered a material breach of the terms of the contract.

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Title

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF THE CONTRACT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State/Zip County

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTRACT: \_\_\_\_\_

CONTRACT EFFECTIVE DATE: \_\_\_\_\_

**DISCLOSURE OF SUBCONTRACTORS**

Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, or grant with any state agency, that any individual or entity desiring to contract with any state agency shall require that any subcontractor, sub-lessor, or other assignee (hereafter "Third Party"), shall disclose whether such Third Party is a current or former; member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence, or if any of the persons described in this sentence hold any position of control or any ownership interest of 10% or greater in the Third Party, and shall report any such disclosure by the Third Party to the agency. The disclosure requirements of this paragraph shall apply during the entire term of the contract, lease, purchase agreement, or grant, without regard to whether the subcontract, sublease, or other assignment is entered into prior or subsequent to the contract date.

Third Party shall indicate below if he/she is:

	Current	Former	Term(s) of Service	Relative's name & relationship	Third Party
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)			
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)			
3. A state employee	Yes/No (circle one)	Yes/No (circle one)			
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)			

Third Party shall indicate below if he/she is a spouse or immediate family member of an individual that is

	Current	Former	Term(s) of service	Relative's name & relationship	Third Party
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)			
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)			
3. A state employee	Yes/No (circle one)	Yes/No (circle one)			
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)			

Agencies shall require, as a further condition of obtaining or renewing any contract or agreement with any state agency, that the individual or entity desiring to contract shall incorporate into any agreement with a Third Party, previously defined, the below stated language, and any other necessary language as provided by rules and regulations promulgated to enforce Executive Order 98-04, which provides that failure of the Third Party to disclose the identity of any person or entity described previously shall be considered a material breach of the agreement.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Agency under the provisions of existing law.

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Signature of Third Party

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF THE CONTRACT**