

SPONSOR INFORMATION SHEET INSTRUCTIONS

- 1-5 **Mailing Address** Location where U.S. mail is received
If Street Address (physical location) is same as Mailing Address, check to copy, and go to 11.
- 6-10 **Street Address** Physical location of the Sponsor, NOT a PO Box
- 11-16 **Alternative Address 1** A third address where materials would be shipped; must be a street address.
This is optional.
- 17-22 **Alternative Address 2** Could be the location where materials would be shipped or another location that our office would need to contact. This is optional.
- 23-30 **Executive Contact** Superintendent, Principal (for Nonpublic Schools), or Director (for RCCIs and Camps) Select appropriate address for same.
- 31-38 **Food Service Contact** The MAIN contact person at the sponsor level, who is directly involved with the food service operations. Snail mail and email from our office would be sent to this person so they should be responsible for knowing our programs and what is required. Indicate their title, office email, phone number, extension, Fax number, and appropriate address.
- 39-46 **Financial Contact** This person may be the one to do the claim and financial report or be one responsible for these reports. This is optional.

General Information

- 47 **Type of Sponsoring Authority** This will indicate if the Sponsor is Public, Private – Non-Profit or For Profit. Non-Profit, when applied to schools or institutions eligible for the Program, means exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954, as amended. If this status is not accurate, please contact our office.
- 48 **Eligibility for High Rate Lunch Reimbursement** This is pre-determined by the *CNPweb* system, and is based on the claims submitted from the second preceding year - must have been 60 percent or more free and reduced-price lunches served.

Food Service Management Company

- 49 Indicate if you have a contract with a Food Service Management Company. This would be an organization that manages your food service facility while providing meals to your children.
- 50 If “Yes” enter the name of the company and submit a copy of the contract to this office.

51-53 Free and Reduced Price Forms for National School Lunch, Special Milk, and Verification

Check the forms (available on our website) that will be sent to parents for the programs in which your sites are participating. If changes have been made to any of these forms, they must be submitted to the state agency for approval.

- 54 **Title of Approval Official** (for free and reduced-price applications) List the title of the person (or persons) making the initial approval determination of the Free and Reduced-price Meals and Other Benefits Application, e.g. principal. For sponsors that do not use the F&R Applications, put NA (not applicable).
- 55 **Title of Hearing Official**
List the title of the person selected as hearing official - this person should be of higher authority than the Approval Official, in the event that a parent disagrees with the initial determination of their application. Again, use NA if this does not apply to the sponsor.

56 Wellness Policy

Beginning with 2006-2007 school year, USDA has required that local education agencies (LEAs) participating in school meal programs are required to establish a local "School Wellness Policy". The policy's minimum requirements are described on our website. If you have sites participating in any meal program, you must check one of the two boxes. If the answer to this question changes during the program year, please revise the sponsor information sheet to reflect the updated status.

A-133 Audit Compliance

57 Indicate if the Indiana State Board of Accounts audits your organization. All public sponsors would likely answer "Yes" to this. If "Yes", you do not need to complete the remaining items. If "No", answer all the following questions.

58-59 Indicate the months that your Fiscal Year begins and ends.

60 What was the total amount of Federal dollars your organization expended during your last complete fiscal year? This would include any reimbursement received for meals or milk in USDA's Child Nutrition Programs as well as Title I funding.

61 What is the total amount of Federal dollars your organization expended during the fiscal year that you are currently in?

If the amounts above are over \$400,000, you must send us a listing of the federal grants and amounts received.

If the amounts above are over \$500,000, you must send us an A-133 audit plan.

Both forms for these reports are in Microsoft Word and found on the packet tab of your sponsor summary screen.

62 General Comments: You may use this, if needed. If there are any corrections needed for your approval in the next program year, we will list them here for all documents.