

# Food Service Management Company Application for Summer Food Service Program (SFSP) Registration

**Instructions:** This form must be completed by the food service management company (FSMC) applying to register in Connecticut where they will perform as contracted in the Summer Food Service Program (SFSP). A FSMC must register each food preparation facility that will be used to serve meals in the Connecticut SFSP. Do not register any facilities not involved in preparing SFSP meals in Connecticut. For questions that ask for data not available due to your company’s previous nonparticipation in the SFSP, enter “Not Participating” instead of leaving the entry blank. If operations will include several states, the FSMC must complete an application for each state where the FSMC will operate. Approval of this application is restricted to the FSMC’s operation of the SFSP. For detailed guidance, refer to the CSDE’s [Guidance and Instructions for the Food Service Management Company Application for Summer Food Service Program \(SFSP\) Registration](#)

The CSDE encourages the FSMC to attach additional information pertaining to any question if the information further clarifies any answers and assists the CSDE in its approval decision. Email the completed form and attachments to [andrew.paul@ct.gov](mailto:andrew.paul@ct.gov).

## I – Company Identification

1. Company legal name and address					2. Contact person	
Name:					Name:	
Street:					Phone number (include area code):	
City:		State:		Zip code:		
Are you a minority owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No						

## II – Corporate Profile

3. Is company incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If “Yes,” complete information below.</i>			4. List other names your company is presently using or has used in the past 24 months.		
Month:		Year:		Name:	
State:				Name:	
				Name:	

5. Specify if your company participated in the SFSP and indicate number of summer program contracts your company was awarded; number of contracts terminated by sponsors for cause; and the type of citation, if any, the company received for health, safety, or sanitation violations from the appropriate agencies in the past 24 months.						
(a) Period	(b) State in which participated	(c) Number of contracts awarded	(d) Number of contracts terminated by sponsors for cause	(e) Type of citation		
				Written reprimand	Fine	Suspension
Past 12 months				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous 12 months				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please attach a written explanation and/or copies of the citations for each area checked above so that the specific nature of any infraction may be fairly assessed.		7. Is the company providing or has provided meals to the Child and Adult Care Food Program (CACFP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If “Yes,” provide name and address of CACFP sponsors. (Attach additional pages, if necessary).</i>	
		Name:	
		Name:	
		Name:	
		Name:	

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## III – Personnel Profile

8. List name and title of individuals from the company authorized to sign contracts.	
Name	Title

9. List all individuals who are owners, officers, local area representatives, consultants, or plant managers. Advise <a href="mailto:andrew.paul@ct.gov">andrew.paul@ct.gov</a> of any changes during the duration of SFSP contracts awarded this year.			
(a) Name	(b) Officer (title)	(c) Manager (position)	(d) Other (e.g., any individual with at least a 5% interest in the FSMC)

10. List persons (or any relative by blood or marriage) listed in section III, question 9, who presently have or had in the past two years a financial interest in any other FSMC or SFSP sponsor. Such a financial interest may include, but not be limited to, stock ownership, loans, property, or contract for supplies to a food service management company or program sponsor. (Attach additional pages, if necessary)			
(a) Name	(b) Month/year	(c) Company or sponsor	(d) Nature of financial interest

11. List persons (or any relative by blood or marriage) listed in section III, question 9, who are presently serving or in the past two years have been an owner, officer, consultant, plant manager, or in a similar function with any FSMC or SFSP sponsor. (Attach additional pages, if necessary). Email <a href="mailto:andrew.paul@ct.gov">andrew.paul@ct.gov</a> if any changes occur during the duration of any awarded SFSP contracts.			
(a) Name	(b) Month/year	(c) Company or sponsor	(d) Nature of financial interest

<p>12. Specify the type of contracts the company plans to bid on (<i>check one</i>):</p> <p><input type="checkbox"/> Meals contracted to be prepared at sponsor’s sites.</p> <p><input type="checkbox"/> Meals contracted to be prepared at company’s facilities.</p> <p><input type="checkbox"/> Both of the above</p> <p><input type="checkbox"/> Delivery of meals only (skip questions 14-16)</p>	<p>13. Attach a copy of a current audited Balance Sheet Financial Statement of the applying FSMC. Also include submission of the name and mailing address and any other names under which such FSMC presently or in the past two years has marketed its services. As part of that submission, an aged schedule must be submitted presenting all long-term and short-term liabilities for each company by creditors with the appropriate amount for each.</p>
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## IV – Facilities (List the following information for each facility applied for)

<b>Facility 1</b>	14. A) Facility name and address				C) Was facility registered and used last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," list company name and address.</i>			
	Name:				Name:			
	Street:				Street:			
	City:				City:			
	State:		Zip code:		State:		Zip code:	
	B) Names and telephone numbers of plant managers <i>(include area code)</i>				D) Did company use this facility for meal preparation on a year-round basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name:				E) Is a copy of current applicable health, safety, and sanitation certification attached? <i>This facility cannot be considered for approval without attached certification.</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No		F) Maximum number of SFSP meals that can be adequately prepared in a 24-hour period:	
	Phone:							
	Name:							
	Phone:							
Name:								
Phone:								
Name:				Hot:				
Phone:				Cold:				
<b>Facility 2</b>	15. A) Facility name and address				C) Was facility registered and used last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," list company name and address.</i>			
	Name:				Name:			
	Street:				Street:			
	City:				City:			
	State:		Zip code:		State:		Zip Code:	
	B) Names and telephone numbers of plant managers <i>(include area code)</i>				D) Did company use this facility for meal preparation on a year-round basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name:				E) Is a copy of current applicable health, safety, and sanitation certification attached? <i>This facility cannot be considered for approval without attached certification.</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No		F) Maximum number of SFSP meals that can be adequately prepared in a 24-hour period:	
	Phone:							
	Name:							
	Phone:							
Name:								
Phone:								
Name:				Hot:				
Phone:				Cold:				
<b>Facility 3</b>	16. A) Facility name and address				C) Was facility registered and used last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," list company name and address.</i>			
	Name:				Name:			
	Street:				Street:			
	City:				City:			
	State:		Zip code:		State:		Zip code:	
	B) Names and telephone numbers of plant managers <i>(include area code)</i>				D) Did company use this facility for meal preparation on a year-round basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name:				E) Is a copy of current applicable health, safety, and sanitation certification attached? <i>This facility cannot be considered for approval without attached certification.</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No		F) Maximum number of SFSP meals that can be adequately prepared in a 24-hour period:	
	Phone:							
	Name:							
	Phone:							
Name:								
Phone:								
Name:				Hot:				
Phone:				Cold:				

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## V – Certification

I have been informed that the information supplied could be used in a USDA database and that deliberate misrepresentation may result in prosecution under applicable state and federal statutes.

If awarded the contract, the FSMC agrees to operate in accordance with current SFSP regulations and understands that it will not be paid for: meals that are delivered to nonapproved sites; meals that are delivered to approved sites outside of the agreed upon delivery time; or meals that do not meet the meal requirements, meal specifications, and food quality standards contained in the sponsor and FSMC contract.

I CERTIFY that the information supplied on this application is true, complete, and correct to the best of my knowledge. Any false statement or misrepresentation may be punishable by law (18 U.S.C 1001).

17. Name of authorized FSMC official ( <i>print</i> )	18. Title	19. Signature of authorizing official	20. Date
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## VI – For CSDE Use Only (Do not complete this section)

21. A) Specify the final status of the applicant company at the close of the program: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrew before awarded <input type="checkbox"/> Any Contracts	B) <input type="checkbox"/> Approved but terminated by CSDE during operation of program. <input type="checkbox"/> Denied, but reversed in a formal hearing or court action.  C) If either of the above two reversals occurred list:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Location of hearing</th> <th style="width: 30%;">Hearing officer</th> <th style="width: 20%;">Date</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Location of hearing	Hearing officer	Date			
Location of hearing	Hearing officer	Date					

22. List the number of contracts the company was awarded in the SFSP.	23. List the largest number of meals prepared per day by company (estimate) for SFSP in Connecticut.	24. List the number of contracts terminated for cause by sponsor.						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Number:</td> <td style="width: 18%;"></td> </tr> </table>	Number:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Meals:</td> <td style="width: 18%;"></td> </tr> </table>	Meals:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Number:</td> <td style="width: 18%;"></td> </tr> </table>	Number:	
Number:								
Meals:								
Number:								

25. What type of citations, if any, did the company receive from the state or local health department for health, safety, or sanitation violations since May 1 of this year?	26. In which of the following areas, if any, did the company demonstrate a pattern of violations in excess of the SFSP sponsor's limits of acceptability in the previous operating year?										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Citation</th> <th style="width: 30%;">Number</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Citation	Number									<input type="checkbox"/> Late or missed deliveries <input type="checkbox"/> Spoiled or incomplete meals <input type="checkbox"/> Failure to unitize meals <input type="checkbox"/> Failure to post performance bonds <input type="checkbox"/> Other ( <i>specify</i> ): _____
Citation	Number										

27. List each preparation facility that was approved and actually produced meals in the SFSP this past year.		
(a) Name	(b) Address	(c) City, state, zip code

28. Administering agency official name ( <i>print</i> )	29. Administering agency official's signature	30. Telephone number ( <i>with area code</i> )

FSMC contracts cannot be executed by service institutions unless the FSMC is registered in Connecticut. For more information, refer to [Registering Your Business](#) and <https://business.ct.gov/>.

# Food Service Management Company Application for SFSP Registration

## Collection and Use of Information (Privacy Act of 1974)

The following declaration is made pursuant to Public Law 93-579 (Privacy Act of 1974). The information you are asked to provide on your behalf or on the behalf of another is subject to provisions of the Privacy Act, which require that the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), and other federal agencies, give the following facts to each person from whom they request information:

- the statutory authority for the request and whether it is voluntary or mandatory to give the information;
- the uses which may be made of the information;
- to whom the information may be disclosed outside the USDA; and
- the effect of not providing all or part of the information.

## CSDE authorization to collect information

Per [Section 7 CFR 225.6\(g\)](#) of the SFSP regulations, the CSDE requires each FSMC operating within the State of Connecticut to register based on State procedures; and to certify that the information submitted on the FSMC's application for registration is true and correct and that the FSMC is aware that misrepresentation may result in prosecution under applicable State and Federal statutes.

## How the information may be used

The information may be used to determine a FSMC's suitability to register in the program, or for enforcement purposes to determine if the SFSP regulations have been violated or enforcement proceedings are warranted.

## Disclosure of the information outside the CSDE

The CSDE may disclose information, without written consent of the individual, to other federal, state, or local authorities responsible for administering or enforcing the program, which may lead to the undertaking of investigations or the bringing of civil lawsuits or criminal prosecution. In addition, the CSDE may disclose information to a court, magistrate, or administrative tribunal when required in civil or criminal proceedings.

## The effects of not providing the information

The information requested is to assist the CSDE to determine a FSMC's suitability to register in the program, and to therefore receive benefits or services administered by the CSDE. If the requested information is not provided, it may result in a determination of non-registration because the CSDE does not have sufficient information to make an informed decision.

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For more information, visit the CSDE's [SFSP](#) and [Food Service Management Company](#) webpages or contact the [Summer Meals](#) staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This form is available at [https://portal.ct.gov/-/media/SDE/Nutrition/FSMC/SFSP\\_Food\\_Service\\_Management\\_Company\\_Application.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/FSMC/SFSP_Food_Service_Management_Company_Application.pdf).

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of age, ancestry, color, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes.

Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, [levy.gillespie@ct.gov](mailto:levy.gillespie@ct.gov).