

# 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). The 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 Connecticut State Department of Education's (CSDE) [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:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

2. Contact person

Name: \_\_\_\_\_ Phone number (with area code): \_\_\_\_\_

Are you a minority owned business?  Yes  No

## II – Corporate Profile

3. Is company incorporated?  Yes: *complete information below*  No

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Name: \_\_\_\_\_

4. List other names your company is presently using or has used in the past 24 months.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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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
Past 12 months				<input type="checkbox"/> Written reprimand <input type="checkbox"/> Fine <input type="checkbox"/> Suspension
Previous 12 months				<input type="checkbox"/> Written reprimand <input type="checkbox"/> Fine <input type="checkbox"/> Suspension

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)?

- Yes: *provide name and address of CACFP sponsors below. (Attach additional pages, if necessary).*  
 No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### III – Personnel Profile

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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9. List all individuals who are owners, officers, local area representatives, consultants, or plant managers. Advise [andrew.paul@ct.gov](mailto:andrew.paul@ct.gov) 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 [andrew.paul@ct.gov](mailto:andrew.paul@ct.gov) 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

12. Specify the type of contracts the company plans to bid on (*check one*):

- Meals contracted to be prepared at sponsor's sites.
- Meals contracted to be prepared at company's facilities.
- Both of the above
- Delivery of meals only (skip questions 14-16)

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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.

## IV – Facilities (List the following information for each facility applied for)

### Facility 1

14. A. Facility name and address

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

- B. Names and telephone numbers of plant managers (include area code)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

- C. Was facility registered and used last year?  Yes: *list company name and address. below*  No

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

- D. Did company use this facility for meal preparation on a year-round basis?  Yes  No

- E. Is a copy of current applicable health, safety, and sanitation certification attached?  Yes  No

*This facility cannot be considered for approval without attached certification.*

- F. Maximum number of SFSP meals that can be adequately prepared in a 24-hour period:

Hot: \_\_\_\_\_ Cold: \_\_\_\_\_

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## Facility 2

### 15. A. Facility name and address

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### B. Names and telephone numbers of plant managers (include area code)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### C. Was facility registered and used last year? Yes: *list company name and address. below* No

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### D. Did company use this facility for meal preparation on a year-round basis? Yes No

### E. Is a copy of current applicable health, safety, and sanitation certification attached? Yes No

*This facility cannot be considered for approval without attached certification.*

### F. Maximum number of SFSP meals that can be adequately prepared in a 24-hour period:

Hot: \_\_\_\_\_ Cold: \_\_\_\_\_

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## Facility 3

### 16. A. Facility name and address

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### B. Names and telephone numbers of plant managers (include area code)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### C. Was facility registered and used last year? Yes: *list company name and address. below* No

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### D. Did company use this facility for meal preparation on a year-round basis? Yes No

### E. Is a copy of current applicable health, safety, and sanitation certification attached? Yes No

*This facility cannot be considered for approval without attached certification.*

### F. Maximum number of SFSP meals that can be adequately prepared in a 24-hour period:

Hot: \_\_\_\_\_ 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 (*print*) \_\_\_\_\_

18. Title: \_\_\_\_\_

19. Signature of authorizing official: \_\_\_\_\_ 20. Date: \_\_\_\_\_

## 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:

- Approved
- Denied
- Withdrew before awarded
- Any Contracts

B.  Approved but terminated by CSDE during operation of program.

Denied but reversed in a formal hearing or court action.

C. If either of the above two reversals occurred list:

Location of hearing: \_\_\_\_\_ Date: \_\_\_\_\_

Name of hearing officer: \_\_\_\_\_

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 the SFSP in Connecticut: \_\_\_\_\_

24. List the number of contracts terminated for cause by sponsor: \_\_\_\_\_

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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?

Citation: \_\_\_\_\_ Number: \_\_\_\_\_

Citation: \_\_\_\_\_ Number: \_\_\_\_\_

Citation: \_\_\_\_\_ Number: \_\_\_\_\_

Citation: \_\_\_\_\_ Number: \_\_\_\_\_

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?

- Late or missed deliveries
- Spoiled or incomplete meals
- Failure to unitize meals
- Failure to post performance bonds
- Other (*specify*): \_\_\_\_\_

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 (*print*): \_\_\_\_\_

29. Administering agency official's signature: \_\_\_\_\_

30. Telephone number (with area code): \_\_\_\_\_

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/>.

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## 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 the 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 the 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, refer to the CSDE's [SFSP Invitation for Bid and Contract \(IFB\) for Food Service Management Companies](#) and visit the CSDE's [SFSP](#) and [Food Service Management Company](#) webpages or contact the [Summer Meals staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This document 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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