



# Arkansas Department of Human Services



## Division of Child Care and Early Childhood Education Special Nutrition Programs

P.O. Box 1437, Slot S-155 Little Rock, AR 72203-1437 501-682-8869 Fax 501-682-2334 TDD: 501-682-1550

January 13, 2011

TO: Summer Food Service Program Sponsors  
FROM: Shelia Bailey, NSLP/SFSP Program Manager  
SUBJECT: Summer Food Service Program

The 2011 Summer Food Service Program application will be available online April 1<sup>st</sup> through May 15<sup>th</sup>. This online application is available to all qualified sponsoring organizations. If you participated last year, go online and update your information. If you are new to the program, go online and submit an application. If there are sponsoring organizations unable to use the online service, a hard copy will be provided upon your request. Please return your completed hard copy to our office by May 15<sup>th</sup>. Once your application has been approved or updated online, you will receive an approval letter. New sponsors *must* submit a Certificate of Authority (form is attached) to SNP to begin the application process. One must be completed for each person with signature authority. This is our application website.

<https://dhs.arkansas.gov/dccece/snp>

Training is **MANDATORY** for all participants. SFSP information and documents will be discussed and made available at training. You may visit the SNP website above, go to the resource library that's listed on the left side of the welcome page, scroll down to SFSP Forms and click on 2011 Administrative Guide. This will give you an opportunity to read about the program regulations and have your questions ready for the training.

There are two **MANDATORY** trainings for this year due to enhancements to the SFSP application. Please complete both registration forms and return to SNP by the date stated on the form. The application training will be conducted in areas throughout the state to limit travel time and distance for the sponsors. You must attend the application training before completing your application or updates.

For further information regarding the program, the location of a sponsor or site in your area, please contact the Special Nutrition Programs at 1-800-482-5850, ext. 28869 or (501) 682-8869.

# REGISTRATION FORM FOR THE SUMMER FOOD SERVICE PROGRAM MANDATORY APPLICATION TRAINING

The following people will attend training: **Space is limited.**

\_\_\_\_\_ Check one \_\_\_April 6, Little Rock DHS Conference Room A (1-4pm)  
\_\_\_\_\_ May 19, Little Rock DHS Conference Room B (1-4pm)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Facility: \_\_\_\_\_ Agreement #: \_\_\_\_\_

The training sessions conducted in Little Rock will be at the Donaghey Plaza South building located at 700 Main Street. You may go online to [mapquest.com](http://mapquest.com) or [randmcnally.com](http://randmcnally.com) to get directions to our facility from your location. Upon entering the building you will be required to show a photo I.D.

Parking on the street at the meter is not advisable. Early comers may use the Donaghey Plaza Parking Deck (use public parking entry) located directly across the street from DHS. Only the DHS parking deck tickets will be validated. Please allow ample time for parking and security entry into the building, which requires approximately 20 minutes.

Return registration form to: Special Nutrition Programs  
Summer Food Service Program  
P.O. Box 1437, Slot S-155  
Little Rock, Arkansas 72203-1437  
Phone :( 501)682-8869

You may fax your registration form to SNP-SFSP (501) 682-2334

**Please bring your original registration form or a copy with you to training.**

**REGISTRATION FORM FOR THE SUMMER FOOD SERVICE PROGRAM  
MANDATORY TRAINING  
DHS CONFERENCE ROOMS A&B**

**Return to SNP by Friday, March 25, 2011**

**9 am – 4 pm**

The following people will attend the SFSP Training: **Circle One: April 22<sup>nd</sup> or May 13<sup>th</sup>**

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

Name of Facility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Summer Food Service Program  
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Phone :( 501)682-8869

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**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, on all remaining forms for this application any other document or Division reports relating thereto, including claims for reimbursement.

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

**Non-profit Institution**

BY: \_\_\_\_\_  
(Signature) (Title) (Date)

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

BY: \_\_\_\_\_  
(Signature: Owner) (Title) (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 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, call the SNP Office at 501.682-8869 Or 1.800.482.5850, Ext. 28869)

**On-line Password Requests**      **Will this person submit claims?**      **YES**      **NO (Circle one)**

Name: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Answer **one** (only one) of the following security questions:

1. What is your mother's maiden name: \_\_\_\_\_
2. What was your first pet's name: \_\_\_\_\_
3. What city were you born in: \_\_\_\_\_
4. What is your favorite color: \_\_\_\_\_