



Prospective Sponsoring Entity Form

Sponsoring Entity Name: _____
Mailing Address Line 1: _____
Mailing Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Arizona Department of Education CTD #: _____ Or Date Requested: _____

Contacts

Contact Person (i.e., Director) Name and Title: _____
Telephone Number: _____ Email: _____

Alternate Contact Person Name and Title: _____
Telephone Number: _____ Email: _____

Is your site a: **(note documents that are required with this form)**

Public School **(Required: Arizona W-9)**

Charter School **(Required: Arizona W-9)**

Private School **(Required: Arizona W-9)**

Residential Child Care Institution **(Required: Arizona W-9 and License to operate)**

Nonprofit 501c3 from the IRS: Yes **(If yes, required to submit with this form)** No

Sponsor Entity Information:

Dates of Operation (must include date range when children are present and eligible meals are served, and how many days per week meals are served): _____

Are you currently operating as a site under another sponsor? Yes No

Number of sites for which sponsoring entity is applying for: _____

Student Information:

Ages: _____

Grades: _____

Number of Students: _____

Will adult meals be served at the facility? Yes No

Meals:

Do you have a Kitchen (preparation area) at the school site?	Yes	No
Do you have a cafeteria (dining) area at the school site?	Yes	No
Do you currently charge for meals?	Yes	No
If a private school, are meals included in tuition?	Yes	No
Is there a day care center located at this facility?	Yes	No
Is there a before/after school program at this facility?	Yes	No
Will your staff from your organization prepare meals?	Yes	No
Will you contract a Caterer company?	Yes	No
Will you contract with a Food Service Management Company?	Yes	No

Return Completed Form to:

Point of Contact, Renewal, Onboarding Team
Health & Nutrition Services
Arizona Department of Education

(Phone) 602-542-8700
(E-mail) ContactHNS@azed.gov