

**Child & Adult Care Food Program
Sponsor Application for 2021 - 2022**

10206 Status: Active

Marion County Board of Education

DBA:

755 East Main Street
Lebanon, KY 40033-1701

Type of Agency: Educational Institution

Agreement Type: Sponsor of Affiliated Sites

Code	Error Description
301045	Executive Director/Owner - Contact information must be completed.
301071	Date of Birth must show that the Executive Director/Owner is greater than 18 years of age.

Version: Original

Sponsor Description

FEIN	Type of Agency	Type of CACFP - Centers Organization
61-6001309	Educational Institution	Sponsor of Affiliated Sites

1. Are all of your organization's CACFP participating sites located in the same building? ☐ Yes ☒ No

2. Does your organization operate the CACFP in any other state(s)? ☐ Yes ☒ No

Name(s) of State(s):

Addresses

Physical Address

3. Address Line 1: 755 East Main Street

Address Line 2:

4. City: Lebanon

5. State: KY Zip: 40033-1701 USPS Zip Code Lookup

6. County: MARION COUNTY (075)

Mailing Address

7. Address Line 1: 755 East Main Street

Address Line 2:

8. City: Lebanon


9. State: KY Zip: 40033-1701 USPS Zip Code Lookup

Contacts

Program Contact

	Salutation	First Name	Last Name
10. Name:	Mrs.	Jennifer	Wheeler
11. Date of Birth:	06/27/1973 (mm/dd/yyyy)		
12. Email Address:	 jennifer.wheeler@marion.kyschools.us		
13. Facility Phone:	(270) 692-3721	Ext: 5	Fax: (270) 692-1899
14. Cell/Alt Phone:	(270) 692-8689		
15. Title:	School Nutrition Program Director		

Executive Director/Owner

	Salutation	First Name	Last Name
16. Name:	Mrs.		
17. Date of Birth:	(mm/dd/yyyy)		
18. Email Address:			
19. Facility Phone:		Ext:	Fax:
20. Cell/Alt Phone:			
21. Title:			

Claim Preparer

Salutation	First Name	Last Name
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22. Name: Mrs. Jennifer Wheeler
23. Date of Birth: 06/27/1973 (mm/dd/yyyy)
24. Email Address:  jennifer.wheeler@marion.kyschools.us
25. Facility Phone: (270) 692-3721 Ext: 5 Fax: (270) 692-1899
26. Cell/Alt Phone: (270) 692-8689
27. Title: School Nutrition Program Director

Authorized Individual

An Authorized Individual is an individual who has been authorized to act on behalf of the Sponsor by agreeing to and signing the Statement of Authority.

	Salutation	First Name	Last Name
28. Name:	Mrs.	Jennifer	Wheeler
29. Date of Birth:	06/27/1973 (mm/dd/yyyy)		
30. Email Address:	 jennifer.wheeler@marion.kyschools.us		
31. Facility Phone:	(270) 692-3721	Ext: 5	Fax: (270) 692-1899
32. Cell/Alt Phone:	(270) 692-8689		
33. Title:	School Nutrition Program Director		

General Questions

34. Has the Sponsor received \$750,000 or more in TOTAL federal funds for any programs administered? ☒ Yes ☐ No
35. Do you have a documented monitoring plan for monitoring your sites? ☒ Yes ☐ No
36. Are additional funds charged for meals above tuition? ☐ Yes ☐ No ☒ N/A

Certification

37. Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years? (Examples: STARS, Medicaid, Child Care Assistance Program, etc.) ☐ Yes ☒ No

If yes, **enter** all publicly funded programs in which the Sponsor and its principals have participated in the past seven years and currently participate in.

NOTE: Principal means any individual who holds a management position within, or is an officer of, the Sponsor (sponsor), including all members of the Sponsor's board of directors, or otherwise exercises control of, or determines the actions of, the Sponsor.

Publicly funded means money that is received from a local, state, or federal governmental agency.

38. Within the past seven years, has the Sponsor or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements or placed on the National Disqualified List (NDL)? ☐ Yes ☒ No

If yes, answer the next question.

39. Were the violations corrected and eligibility restored, including payments of debts owed? ☐ Yes ☐ No

If yes, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.

If no, submit a detailed explanation.

40. Has the Sponsor or any of the Sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity? ☐ Yes ☒ No

NOTE: A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

If yes, submit a detailed explanation.

- ☒ This is to certify that this Sponsor intends that all electronic signatures executed by our employees, agents, or representatives, located anywhere in the world, are legally binding equivalents of traditional handwritten signatures. By checking the box, this Sponsor is certifying by electronic signature that neither the Sponsor nor its principals/authorized representatives are presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency and the Sponsor is currently compliant with the required performance standards of financial viability, administrative capability, and Program

accountability.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes. The institution is currently compliant with the required performance standards of financial viability, administrative capability, and Program accountability.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

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