## SFSP Sponsor Application For School Year: 2024 - 2025

10206 Status: Active

**Marion County Board of Education** 

DBA:

755 East Main Street Lebanon, KY 40033-1701

Type of Agency: Educational Institution

Type of SFSP Organization: School Food Authority

Version: Original

**Sponsor Type** 

Type of Agency:

Educational Institution

Type of SFSP

School Food Authority

Organization:

**Physical Address** 

755 East Main Street

Address Line 1: Address Line 2:

4. City: Lebanon

5. State: KY

40033-1701 Zip:

USPS Zip Code Lookup

County:

MARION COUNTY (075)

**Mailing Address** 

Address Line 1:

755 East Main Street

Address Line 2:

8. City: Lebanon

9. State: KY

Zip:

40033-1701

USPS Zip Code Lookup

**Summer Food Service Program Contact** 

Salutation

First Name

Last Name

10. Name:

Mrs.

Jennifer

Wheeler

11. Email Address: 📆

jennifer.wheeler@marion.kyschools.us

Ext:

230

Fax:

(270) 692-1899

12. Phone: 13. Title:

Food Service Director

(270) 692-3721

**Primary Authorized Representative** 

Salutation

First Name

Last Name

14. Name:

Mrs.

Jennifer

Wheeler

15. Date of Birth:

06/27/1973 (mm/dd/yyyy)

jennifer.wheeler@marion.kyschools.us

17. Phone:

(270) 692-3721

Ext:

230

Fax:

(270) 692-1899

18. Title:

Food Service Director

Mailing Address

19. Address Line 1:

755 East Main Street

Address Line 2:

20. City:

Lebanon

21. State:

KY

Zip: 40033-1701 USPS Zip Code Lookup

**General Questions** 

22. Does your agency provide year round public services to the community(ies) other than operating the SFSP?



O No

	If <b>Other</b> , please describe.
23.	How will meals be prepared for sites?
	Self-prep by sponsor's food production facility
	If <b>Vended-meals</b> , please specify:
	Name of Vendor:
	Type of Agreement:
24.	Has the Sponsor received \$750,000 or more in TOTAL federal funds for any programs      Yes   No administered?
Out	treach
25.	How will you advertise your program?
	Sponsor Website
	Social Media
	Newspaper
	TV/Radio
	Flyers/Signs
	School Newspaper
	Other Principals parent emails
Cer	tification
26	I hereby certify that neither the Sponsor por its principals/authorized representatives is presently deharred

ify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

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 agency any changes that occur to the information submitted. I certify that I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal Statutes. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

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 agency. 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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