



BREAK for a PLATE
ALABAMA

SFSP-02
1/8/19

New Sponsoring Organization Information

1. Name of sponsoring organization:

Name of Official Representative: _____ D.O.B. _____

Official Representative Title _____ Phone# _____ Fax# _____

Email address: _____

2. Physical address of Sponsoring Organization:

3. Mailing address (only if different from physical address):

4. Sponsoring Organization: DUNS# _____ EIN# _____

5. Name of additional contact person _____ D.O.B. _____

Contact Person Title _____ Phone# _____ Fax# _____

Email Address: _____

6. Sponsor Type: (check one)

Public or Private Non-Profit school or college _____

Non-Profit Private _____

Governmental Agency _____

Church _____

(only if church daycare) must Provide DHR License# _____

Issue Date _____ Exp. Date _____

License capacity _____

Age Range from _____ to _____

(Include days, weeks, months, years)

Hours of operation: _____ am/pm

_____ am/pm