

**Division of School and Community Nutrition
New Sponsor CNIPS Enrollment Information**

all information below must be complete before a new CNIPS account can be completed

Sponsor Name: _____

DBA Name: _____

Type of Agency: _____

FEIN: _____

Vendor Number: _____

County: _____

County Code: *State Agency Use* _____

Congressional District: *State Agency Use* _____

DUNS Number: _____

Program Participation: _____ SNP CACFP _____ SFSP

Legacy Number: *9 DIGIT NUMBER IF A INSTITUTION HAS PARTICIPATED PREVIOUSLY* _____

**Other
Information/Comments**

