RENEWAL OF AGREEMENT 2016-2017 SCHOOL YEAR

BETWEEN SCHOOL FOOD AUTHORITY (SFA) AND ARKANSAS DEPARTMENT OF EDUCATION (ADE)

SFA/School District: _____ LEA #: _____

Superintendent: _____

Mailing Address: _____

County: _____ Phone Number: _____

NATIONAL SCHOOL LUNCH PROGRAM (NSLP) CFDA# 10.555				**SCHOOL BREAKFAST PROGRAM (SBP)** CFDA# 10.555/10.553			
☐	Dates:			☐	Dates:		
Regular Session	# of serving days:	Beginning	Ending	Regular Session	# of serving days:	Beginning	Ending
☐	Dates:			☐	Dates:		
ADE **Regular** Summer Session	# of serving days:	Beginning	Ending	ADE **Regular** Summer Session	# of serving days:	Beginning	Ending
***AFTERSCHOOL SNACK PROGRAM (ASP)** CFDA# 10.555				****SPECIAL MILK PROGRAM**			
☐	Dates:			☐	Dates:		
Regular Session	# of serving days:	Beginning	Ending	Regular Session	# of serving days:	Beginning	Ending
☐	Dates:			☐	Dates:		
ADE **Regular** Summer Session	# of serving days:	Beginning	Ending	ADE **Regular** Summer Session	# of serving days:	Beginning	Ending
***This program requires a separate Schedule B.**				****Available only if NSLP and SBP are not available.**			

***ADE SEAMLESS SUMMER OPTION (SSO)** (for **Summer 2017**) CFDA# 10.555							
☐	Dates:			☐	Dates:		
BREAKFAST	# of serving days:	Beginning	Ending	SNACK	# of serving days:	Beginning	Ending
☐	Dates:			☐	Dates:		
LUNCH	# of serving days:	Beginning	Ending	SUPPER	# of serving days:	Beginning	Ending
***This program requires a separate Seamless Summer Schedule C-17.** Contact Child Nutrition Unit for details.							

ADE Child Nutrition Program FFATA Funding Source for LEA Sub Awards: CFDA Title: Child Nutrition Cluster CFDA#: 10.555 Award Name: Child Nutrition Federal Agency: United States Department of Agriculture School Year 2016-17 Funded by Federal Fiscal Year (FFY) 2016 and 2017

Optional Agreement and Policy Statement Revisions for the 2016-17 School Year. Check Yes if revisions are attached, check No if revisions were not made from 2015-16 Original Agreement and Policy Statement.

YES	NO		YES	NO	
____	____	Civil Rights Assurances Attestation	____	____	Wellness Policy Plan (no if only members changed)
____	____	Food Safety Plan Attestation	____	____	Procurement Policy and Procedures

Superintendent Name (print):	District Child Nutrition Director Name (print)
Original Signature:	Original Signature:
Date:	Date:
PERSON OTHER THAN SUPERINTENDENT AUTHORIZED TO SIGN CHILD NUTRITION DOCUMENTATION ⇨	Name (print):
	Original Signature:
	Date: Position:

Return both sets with original signatures to ADE/CNU by May 20, 2016:

ADE/CHILD NUTRITION UNIT
2020 West 3rd Street, Suite 404
Little Rock, AR 72205-4665

APPROVED BY: _____ Date: _____
Suzanne Davidson, Director
Child Nutrition Unit