

SFA/School District: \_\_\_\_\_

LEA #: \_\_\_\_\_

### SCHEDULE B SY 2016-2017 AFTERSCHOOL SNACK PROGRAM

Complete the following form **only for schools** within the district that will participate in the **Afterschool Snack Program (ASP)**.

Col. A		Col. B	Col. C	Col. D	Col. E	Col. F	Col. G (E + F)	Col. H (G ÷ D)	Col. I <b>ADE CNU USE ONLY</b>		Col. J Expanded Learning Time School?
SCHOOL LEA #	SCHOOL(S)	DATE ASP WILL BEGIN <small>MM/DD/YYYY</small>	DATE ASP WILL END <small>MM/DD/YYYY</small>	ENROLL AS OF <b>OCT. 1, 2015</b>	FREE ELIG. AS OF <b>OCT. 1, 2015</b>	RED. ELIG. AS OF <b>OCT. 1, 2015</b>	TOTAL FREE & RED. ELIG.	% OF FREE & RED. ELIG. OF ENROLLMENT <b>(DO NOT ROUND)</b> (e.g. 59.72%)	SCHOOLS WITH 50% OR GREATER STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS OR SCHOOL LOCATED IN AN ATTENDANCE AREA WITH 50% OR GREATER OF THE STUDENTS ELIGIBLE FOR FREE AND REDUCED PRICE MEALS <b>Yes (AREA ELIGIBLE) No (NON-AREA ELIG)</b>		<b>YES or NO</b>
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
District Child Nutrition Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For reimbursement to be available for afterschool snacks served to students 18 years old or under, the afterschool snack program must include education or enrichment activities in an organized, structured and supervised environment in addition to all other applicable regulations.

**ADE Use Only – Approved by:**

\_\_\_\_\_  
Assistant Director, ADE/CNU

\_\_\_\_\_  
Date

\_\_\_\_\_ # Approved Sites

\_\_\_\_\_ Area eligible

\_\_\_\_\_ Non area eligible

\_\_\_\_\_ Reviewer initials

\_\_\_\_\_ Area Specialist initials

\_\_\_\_\_ Entered CNU DB

\_\_\_\_\_ Online Claims System

## Agreement Instructions for Afterschool Snack Program (7 CFR 210.9(c))

The district must submit the Afterschool Snack Program Schedule B to the Arkansas Department of Education, Child Nutrition Unit at least two weeks prior to beginning the Afterschool Snack Program each year:

- To apply for operation of the Afterschool Snack Program or,
- In order to continue participating in the Afterschool Snack Program

**Please fill out the form on the back of this sheet, Afterschool Snack Schedule B for the School Year 2016-2017. After the calculations are made to determine AREA ELIGIBLE OR NON-AREA ELIGIBLE Schools:**

- (1) Change the printed district Child Nutrition Program School Year 2016-2017 Schedule A in the Agreement and Policy Statement data form to reflect any changes for these schools.**
- (1) Be sure to mark the Child Nutrition Program Schedule A form to ADD schools that have not previously participated in the program and to DELETE schools no longer participating.**
- (2) Return two copies of this form with original signatures with the two copies of the Child Nutrition Program Renewal Agreement for School Year 2016-2017.**
- (3) If the district is approved for operation of the Afterschool Snack Program and does NOT implement the program, the district must send notification by letter to the Arkansas Department of Education, Child Nutrition Unit.**
- (4) Afterschool snacks cannot be claimed for reimbursement until the district receives an approved SY 2016-2017 Schedule B.**

**FORM INSTRUCTIONS: (See page 6 of the 2015-16 Original Agreement between ADE and School Food Authority for Afterschool Snack Program Information.)**

- Column A:** List all schools and school LEA numbers within the district that will participate in the Afterschool Snack Program for SY 2016-2017.
- Column B:** Date Afterschool Snack Program will begin – MM/DD/YYYY
- Column C:** Date Afterschool Snack Program will end – MM/DD/YYYY
- Column D:** List the most current October 1, 2015 enrollment data for each school in which Afterschool Snacks will be served as reported to the Child Nutrition Unit, ADE.
- Column E:** List the number of students eligible for free meals for each school in which Afterschool Snacks will be served as listed on the most current October 1, 2015 data reported to the Child Nutrition Unit.
- Column F:** List the number of students eligible for reduced price meals for each school in which Afterschool Snacks will be served as listed on the most current October 1, 2015 data reported to the Child Nutrition Unit.
- Column G:** Add the number of students eligible for free and reduced price meals.
- Column H:** Divide the total number of students eligible for free and reduced price meals in Column G by the enrollment as listed in each school in Column D.
- Column I:** **FOR ADE USE ONLY.**  
**Use the percentage in Column H to indicate "yes" if the school meets the requirement as an AREA ELIGIBLE School for free snacks (50% or greater of enrollment must be certified eligible for free or reduced price meals). If the school is not eligible for all free snacks indicate "no". These are considered NON-AREA ELIGIBLE Schools and snacks will be claimed at the free, reduced price, and paid rates.**
- Column J:** Is this an expanded learning time school? Answer yes if this schools regular daily schedule is at least one hour longer than the normal school day, answer no if this schools regular daily schedule is the normal school day.