

# Intent to Participate After School Snack Program

Child Nutrition Programs  
120 State Street  
Montpelier, VT 05620

The **National School Lunch Program (NSLP)** provides reimbursement for snacks served to children participating in a school-sponsored after school care program. A school must participate in the National School Lunch Program in order to operate an After School Snack Program. The school is responsible for all aspects of program operations administratively and fiscally, even if a 21CLC program or a contracted organization operates the day-to-day programming to meet the requirements for (a) providing children with regularly scheduled activities in an organized, structured, and supervised environment; and (b) including enrichment or educational activities as part of the programming. A school employee must oversee the operation of the program to assure compliance with federal regulations. .

School Food Authorities or Residential Child Care Institutions that wish to participate in the After School Snack Program must complete this form. To receive reimbursement for snacks, prior approval must be granted by Child Nutrition Programs.

ALL PARTS OF THIS FORM MUST BE COMPLETED OR IT WILL BE RETURNED TO THE SFA.

## 1. SFA Information

<b>School Food Authority:</b>		<b>LEA #</b>
<b>Mailing Address:</b>	<b>Telephone:</b>	
	<b>E-mail:</b>	
<b>City/Town:</b>	<b>State:</b>	<b>Zip Code:</b>

## 2. Snack Program Information:

<b>Describe the educational/enrichment component of the After School Program :</b>												
<b>Time school day ends:</b>						<b>Meal service time:</b>						
<b>Date After School Snack Program will begin:</b>												
<b>Months Program will operate:</b>	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> June
<b>Days of week Program will operate:</b>	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun					
<b>Program Site Information (Attach additional sheets if necessary.):</b>												
Site 1 Name _____						Site 2 Name _____						
Address 1 _____						Address 1 _____						
Address 2 _____						Address 2 _____						
City/State/Zip _____						City/State/Zip _____						
<b>Who will prepare the snack?</b>	<input type="checkbox"/> NSLP School Food Service Staff		<input type="checkbox"/> FSMC Staff		<input type="checkbox"/> Other NSLP School Employee		<input type="checkbox"/> Non-School After School Program Employee		<input type="checkbox"/> Other			
<b>Where will the snack be prepared?</b>	<input type="checkbox"/> NSLP School Kitchen				<input type="checkbox"/> After School Program Site			<input type="checkbox"/> Other Site				
<b>Will the claim for reimbursement be submitted by the same person who submits NSLP Lunch and/or Breakfast claims?</b>	<input type="checkbox"/> Yes						<input type="checkbox"/> No					
<b>If no, who will submit the claim?</b>	<input type="checkbox"/> NSLP School Office Staff		<input type="checkbox"/> NSLP School Food Service Staff		<input type="checkbox"/> After School Program Employee (must have someone from SFA submit)			<input type="checkbox"/> SFA Business Manager		<input type="checkbox"/> Other		

**Snack Program Information (continued):**

<b>After School Snack Program contact:</b>		
Name _____	Phone #: _____	E-Mail: _____
<b>After School Program Director/Supervisor:</b>		
Name _____	Phone #: _____	E-Mail: _____
<b>Person who will take the snack count and record attendance:</b>		
Name _____	Phone #: _____	E-Mail: _____
<b>Person who will prepare snacks and keep meal production records:</b>		
Name _____	Phone #: _____	E-Mail: _____
<b>Person who will submit the claim for reimbursement:</b>		
Name _____	Phone #: _____	E-Mail: _____

**3. Monitoring Review Information:**

<b>SFA/School employee who will oversee the snack program and conduct the 2 required snack program monitoring reviews:</b>		<b>Planned Review Dates</b> (First review to be completed within first four weeks of the ASP operation each year.)	
Name:			
Phone #:			
E-mail		Date of 1 <sup>st</sup> Monitoring Review	Date of 2 <sup>nd</sup> Monitoring Review

- 4. Area/Site Eligible Programs:** To qualify as an area or site eligible program, **the SFA or school must be on the current 50% School Eligibility List for use with the After School Snack Program.** In area/site eligible programs, all students receive the snack at no charge. An attendance record and a total count of the number of snacks served each day are required. The snacks are claimed and reimbursed at the free rate regardless of the children’s individual eligibility categories. Area or site eligibility may change each school year.

List below the area/site eligible schools that will be participating. List the school that qualifies the program as area or site eligible from the current *50% School Eligibility List for use with the After School Snack Program.*

<b>Name of School Participating in the After School Snack Program</b>	<b>Eligible School, SFA or Area (from 50% School Eligibility List for After School Snack Program)</b>

- 5. Non Area Eligible Programs:** If the SFA or school is not on the *50% School Eligibility List for use with the After School Snack Program* then they are considered non-area eligible. List the participating school(s) below and indicate which type of non area eligible program each school will participate in.

<b>Name of Participating School</b>	<b>*Non-pricing Program, claiming by category</b>	<b>**Non-pricing Program, claiming all snacks as “paid”</b>	<b>***Pricing Program</b> (Indicate price that will be charged.)	
			Reduced	\$
			Paid	\$
			Reduced	\$
			Paid	\$
			Reduced	\$

**\*Non Pricing Program, claiming by category:** No students are charged for the snack. A roster or computerized system is used to take meal counts by category (free, reduced price, paid) and snacks are claimed by category.

**\*\*Non-pricing program, claiming all snacks as “paid”:** No students are charged for snacks. All snacks are claimed at the “Paid” rate.

**\*\*\*Pricing Program:** Free eligible students cannot be charged. Reduced price eligible students are charged a maximum of \$.15. “Paid” students pay the full price, which is determined by the school/SFA.

6. **Signatures:** The signatures of the school employee responsible for oversight of the After School Snack Program and the signature of the After School Program Director are required to make this document official.

\_\_\_\_\_  
Signature & Title of SFA or RCCI Representative responsible for the After School Snack Program      Date

\_\_\_\_\_  
Signature of After School Program Director      Date

\_\_\_\_\_  
Approval, Child Nutrition Programs, VT DOE      Date