

# School Nutrition Programs Application

**FOR STATE AGENCY USE ONLY**

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

LEA Number: \_\_\_\_\_

## Instructions

Carefully read the following document. Provide information where applicable and sign where indicated. Submit the original form with the required attachments to the address shown above. After approval, a signed copy will be returned to the School Food Authority which should be kept in the permanent files.

### A. APPLICANT INFORMATION

All applicants must provide the following information.

1. Name of School Food Authority/Institution:		
2. Mailing Address:		
3. Physical Address if different:		
4. City/Town:	5. State:	6. Zip:
7. Telephone Number & Extension:		Fax Number:
8. Program Director:		

### B. NEW SCHOOL FOOD AUTHORITIES ONLY

Provide the following information only if the applicant is anew school food authority (i.e., not operating any federally reimbursed breakfast, lunch, or milk program). If this is a private school, include a copy of the 501(c) 3 Non Profit/Tax Exempt Letter.

- 501(c) 3 letter is attached                      501(c)3 number: \_\_\_\_\_
- Duns Number    Duns Number: \_\_\_\_\_
- W-9 Form is attached

1. Name of Food Service Manager/Director:	2. Name of person who will sign the <i>Claim for Reimbursement</i> form (if different from Food Service Manager/Director):
Phone (if different from SFA):	
Telephone Number & Extension:	Telephone Number & Extension:
E-mail Address of Manager/Director:	E-mail Address of Claim Official:



<b>3. Will the food service program be operated under a food service management company contract?</b> _____ No      _____ Yes      (If yes, a copy of the RFP & proposed contract must be attached for review and approval before distribution)	<b>4. SFA Total Enrollment:</b>
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<b>5. Racial/ethnic makeup of this program's service area:</b>					
Actual current attendance/participation by ethnic/racial group.			Hispanic or Latino		Not Hispanic or Latino
Black or African American	Native Hawaiian or Other Pacific Islander	American Indian or Alaskan Native	Asian	White	Total
Potential current attendance/participation by ethnic/racial group. (Completed by the State Agency)			Hispanic or Latino	7.85%	Not Hispanic or Latino
					92.15%
Black or African American	Native Hawaiian or Other Pacific Islander	American Indian or Alaskan Native	Asian	White	Total
1742	381	1510	1400	82408	91415

**C. PRE-APPROVAL COMPLIANCE – REVIEW OF MATERIALS & INFORMATION**

**The application must include the following materials:**

1. The free and reduced price policy, including letters to parents, public releases, and any other materials used to publicize the program's availability and nondiscrimination requirements.

Materials are attached.

2. A description of membership requirements as a prerequisite for admission to the applicant's institution, if applicable.

Description:

N/A:

3. Indicate the names of other Federal agencies providing assistance to the applicant organization.

4. Indicate whether the applicant has ever been found to be out of compliance by the Federal Agencies.

Yes. Provide more information.  
 No.

5. Has a discrimination complaint or lawsuit been filed?

Yes. Provide more information.  
 No  
 If yes, has FNS been notified?  
 Yes       No

6. Report any Civil Rights Compliance reviews conducted during the previous 2-year period.

Name of Agency/Organization conducting the Review:

\_\_\_\_\_



School/Site Name	AS Snack	AS At-Risk Supper	Area Eligible Program	Non-Area Eligible Program		
			List Eligible Area or School	Non Pricing Program	Pricing Program Prices to be charged:	
					Paid	Reduced <sup>3</sup>

<sup>3</sup> Pricing Programs: The price charged for reduced price snacks must not exceed 15 cents. A meal count and money collection system must be implemented for this program.

CACFP – AT RISK SUPPER AND/OR SNACK

School/Site Name	AS Snack	AS At-Risk Supper	Area Eligible Program
			List Eligible Area or School

2. In the space below, please provide a description of the after school care program that the school or institution will sponsor or sponsors. Please indicate in the appropriate area where the program will be located, i.e., school building, classrooms, and other requested information about the snack program and recordkeeping. The food service manager must complete, sign, and submit the Claim for Reimbursement. **This application cannot be approved without the signatures of the school principal, food service manager, and the after school program director.**

After School Care Program Description:			
Program Location(s):		After School Program Director/Supervisor:	
Person preparing snacks & keeping snack records:		Person taking snack count:	
Person conducting snack program reviews:		Proposed Review Dates:	
		Review 1	Review 2
Signature of School Principal:		Signature of Food Service Manager:	
Signature of After School Program Director:			

**G. SPECIAL MILK PROGRAM**

The Special Milk Program is available only to schools that do not participate in the National School Lunch Program or the School Breakfast Program. The Kindergarten Milk Program is available to split session kindergartens only in schools where the students do not have access to a breakfast or lunch program offered by the school because of their schedule. If applying for the Kindergarten Milk Program, please indicate:

Kindergarten Morning Session: Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Kindergarten Afternoon Session: Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Beginning Mealtime for: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_

**INDICATE THE TYPE OF MILK SERVICE YOU WILL OFFER**

Check the appropriate box below to indicate which type of Milk Program the school will participate in.

____ Pricing Program with Free Milk Option	____ Pricing Program	____ Non-pricing Program
Milk is sold to paying students. Milk is provided free of charge to children whose applications for free milk have been approved. The school receives the base/paid reimbursement for the paid milks and the actual cost per half-pint of the milk for the free milk.	Money is collected from <b>ALL</b> students to cover the cost of milk over and above the base/paid reimbursement per half-pint. Reimbursement plus student price can total no more than 2¢ above the average cost of a half-pint of milk charged the school by the Dairy. There is no free milk.	Milk is provided free to <b>ALL</b> children. The school receives the base/paid reimbursement for all milk served and is responsible for costs over and above the reimbursement.
Price to be charged:	Price to be charged:	

## H. CERTIFICATION STATEMENT

I certify that the information on this application form is true and correct to the best of my knowledge. I understand that this information is being given in connection with receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation will subject me to prosecution under applicable federal and state criminal statutes. I certify that in making this application the School Food Authority agrees to comply with the rules and regulations of the programs for which application is being made.

### School Food Authority:

Signature School Food Authority Representative	Title	Date

### Agency of Education:

Signature VT Agency of Education	Title	Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.