

SFA/School District: _____

LEA #: _____

ORIGINAL AGREEMENT 2019-2020 SCHOOL YEAR
BETWEEN SCHOOL FOOD AUTHORITY (SFA) AND
ARKANSAS DEPARTMENT OF EDUCATION, (ADE) CHILD NUTRITION UNIT (CNU)

NATIONAL SCHOOL LUNCH PROGRAM (NSLP) CFDA# 10.555				SCHOOL BREAKFAST PROGRAM (SBP) CFDA# 10.555/10.553			
<input type="checkbox"/>	Dates:	Start Date	End Date	<input type="checkbox"/>	Dates:	Start Date	End Date
Regular Session	# of serving days:			Regular Session	# of serving days:		
<input type="checkbox"/>	Dates:	Start Date	End Date	<input type="checkbox"/>	Dates:	Start Date	End Date
ADE Regular Summer Session	# of serving days:			ADE Regular Summer Session	# of serving days:		
*AFTERSCHOOL SNACK PROGRAM (ASP) CFDA# 10.555				**SPECIAL MILK PROGRAM			
<input type="checkbox"/>	Dates:	Start Date	End Date	<input type="checkbox"/>	Dates:	Start Date	End Date
Regular Session	# of serving days:			Regular Session	# of serving days:		
<input type="checkbox"/>	Dates:	Start Date	End Date	<input type="checkbox"/>	Dates:	Start Date	End Date
ADE Regular Summer Session	# of serving days:			ADE Regular Summer Session	# of serving days:		
*This program requires a separate Schedule B.				**Available only if NSLP and SBP are not available.			
*ADE SEAMLESS SUMMER OPTION (SSO) (for <u>Summer 2020</u>) CFDA# 10.555							
<input type="checkbox"/>	Dates:	Start Date	End Date	<input type="checkbox"/>	Dates:	Start Date	End Date
BREAKFAST	# of serving days:			SNACK	# of serving days:		
<input type="checkbox"/>	Dates:	Start Date	End Date	<input type="checkbox"/>	Dates:	Start Date	End Date
LUNCH	# of serving days:			SUPPER	# of serving days:		
*This program requires a separate Seamless Summer Schedule C-20. 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: 2019-20 Funded by Federal Fiscal Year (FFY) 2019 and 2020.

Superintendent Name (print):	Child Nutrition Director Name (print):
Original Signature:	Original Signature:
Date:	Date:

Email completed materials by **MAY 3, 2019** to:
ADE.CNU-A-PS@arkansas.gov.

APPROVED BY: _____ Date: _____

Suzanne Davidson, Director
Child Nutrition Unit