

Schedule A - Original Agreement and Policy Statement School Year 2019-2020

Provide current information for the 2019-2020 School Year

Mark through incorrect information with a single line. Provide corrections.

District LEA: _____ District: _____
 Superintendent: _____
 Mailing Address: _____
 City, State Zip: _____
 Phone: _____ Ext: _____ Fax: _____
 E-mail: _____
 Emergency Contact Name: _____
 Emergency Contact Phone #: _____

Child Nutrition Director: _____
 Mailing Address: _____
 City, State Zip: _____
 Phone: _____ Ext: _____ Fax: _____
 E-mail: _____
 FSMC/Vendor Company Name: _____ N/A
 Contact person: _____
 Phone #: _____ Email: _____

SY 2019-2020 District Totals # of schools: _____ SafetyNet: Yes No
 Regular: # of serving sites: _____ # of Schools w/Breakfast: _____ # of Schools w/Lunch: _____ # of Schools w/Afterschool Snack: _____
 Regular Summer: # of serving sites: _____ # of Schools w/Breakfast: _____ # of Schools w/Lunch: _____ # of Schools w/Afterschool Snack: _____
 Seamless Summer: # of serving sites: _____ # of Schools w/Breakfast: _____ # of Schools w/Lunch: _____ # of Schools w/Afterschool Snack: _____

School LEA: _____ School: _____ Grade Span: _____

Principal: _____
 Physical Address: _____
 City, State Zip: _____
 School Phone: _____
 Manager: _____
 Manager Phone #: _____ Ext: _____

	Regular	Regular Summer	Seamless Summer	Paid	Prices	
					Reduced	Adult
Breakfast:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Severe Need:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Lunch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Afterschool Snack						
Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Non-Area Eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Please Select Yes or No						
Serving Site:	<input type="radio"/> Yes	<input type="radio"/> No		CEP:	<input type="radio"/> Yes	<input type="radio"/> No
Year Round School:	<input type="radio"/> Yes	<input type="radio"/> No		Provision 2:	<input type="radio"/> Yes	<input type="radio"/> No

Select Your Menu Plan

Breakfast Menu Planning
 PK K-05 K-08
 06-08 09-12
 Lunch Menu Planning
 PK K-05 06-08
 K-08 09-12

A= Grab/Go Cafeteria
 B= Grab/Go Not Cafeteria
 C= In Classroom
 D= 2nd Breakfast Period
 E= Other, Attach

Alternative Breakfast
 Type of Breakfast _____

If changes occur to the above information at any time during the school year, please provide changes in writing to ADE.CNU-A-PS@arkansas.gov.

Approved by: _____ Date: _____
 Child Nutrition Director Signature MM/DD/YY

For ADE Child Nutrition Staff Only

Approved by: _____ Date Approved: _____ Entered into Child Nutrition Database: _____ Entered into On-line Claim System: _____
 Area Specialist initials MM/DD/YY Data Base Entry Initial and Date Claims Entry Initial and Date