SFA/School District: _	 LEA #:

SCHEDULE B SY 2019-2020 AFTERSCHOOL SNACK PROGRAM

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

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.

	Col. A	Col. B	Col. C	Col. D		Col. E ADE CNU USE ONLY 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.					
School LEA #	School(s)	Date ASP will Begin MM/DD/YYYY	Date ASP will End MM/DD/YYYY	Expand Learning School	g Time		lifies for ble based ollment.	eligible l	es for area based on nce area.	Site qua area eligil on cens	ble based
1.				YES	NO	YES	NO	YES	NO	YES	NO
2.				YES	NO	YES	NO	YES	NO	YES	NO
3.				YES	NO	YES	NO	YES	NO	YES	NO
4.				YES	NO	YES	NO	YES	NO	YES	NO
5.				YES	NO	YES	NO	YES	NO	YES	NO
6.				YES	NO	YES	NO	YES	NO	YES	NO
7.				YES	NO	YES	NO	YES	NO	YES	NO
8.				YES	NO	YES	NO	YES	NO	YES	NO

Superintendent Signature	Afterschool Coordinator Signature	
Date	Date	
		Susie W
Child Nutrition Director Signature	-	
Date		

ADE Use Only – Approved by:
Susie Ward, Assistant Director, ADE/CNU Date
Approved Sites
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 (ADE, CNU) 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

Afterschool snacks cannot be claimed for reimbursement until the district receives an approved SY 2019-2020 Schedule B.

FORM INSTRUCTIONS:

1. Fill out SFA name and LEA number.

2. **Column A:** List all schools and school LEA numbers within the district that will participate in the Afterschool Snack Program for SY 2019-2020.

Column B: Date Afterschool Snack Program will begin – MM/DD/YYYY

Column C: Date Afterschool Snack Program will end – MM/DD/YYYY

Column D: 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. All others should mark "No".

Column E: For the ADE, CNU USE ONLY.

3. Complete Superintendent, Child Nutrition Director, and Afterschool Snack Coordinator signature and date.