

RENEWAL OF AGREEMENT 2016-2017 SCHOOL YEAR

BETWEEN SCHOOL FOOD AUTHORITY (SFA) AND ARKANSAS DEPARTMENT OF EDUCATION (ADE)

SFA/School District: _____	LEA #: _____
Superintendent: _____	
Mailing Address: _____	
County: _____	Phone Number: _____

NATIONAL SCHOOL LUNCH PROGRAM (NSLP) CFDA# 10.555				SCHOOL BREAKFAST PROGRAM (SBP) CFDA# 10.555/10.553			
	Dates:				Dates:		
Regular Session	# of serving days:	Beginning	Ending	Regular Session	# of serving days:	Beginning	Ending
	Dates:				Dates:		
ADE Regular Summer Session	# of serving days:	Beginning	Ending	ADE Regular Summer Session	# of serving days:	Beginning	Ending

*AFTERSCHOOL SNACK PROGRAM (ASP) CFDA# 10.555				**SPECIAL MILK PROGRAM			
	Dates:				Dates:		
Regular Session	# of serving days:	Beginning	Ending	Regular Session	# of serving days:	Beginning	Ending
	Dates:				Dates:		
ADE Regular Summer Session	# of serving days:	Beginning	Ending	ADE Regular Summer Session	# of serving days:	Beginning	Ending
*This program requires a separate Schedule B.				**Available only if NSLP and SBP are not available.			

*ADE SEAMLESS SUMMER OPTION (SSO) (for <u>Summer 2017</u>) CFDA# 10.555							
	Dates:				Dates:		
BREAKFAST	# of serving days:	Beginning	Ending	SNACK	# of serving days:	Beginning	Ending
	Dates:				Dates:		
LUNCH	# of serving days:	Beginning	Ending	SUPPER	# of serving days:	Beginning	Ending
*This program requires a separate Seamless Summer Schedule C-17. 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 2016-17 Funded by Federal Fiscal Year (FFY) 2016 and 2017

Optional Agreement and Policy Statement Revisions for the 2016-17 School Year. Check Yes if revisions are attached, check No if revisions were not made from 2015-16 Original Agreement and Policy Statement.

YES	NO	YES	NO
_____	_____	_____	_____
	Civil Rights Assurances Attestation		Wellness Policy Plan (no if only members changed)
_____	Food Safety Plan Attestation	_____	Procurement Policy and Procedures

Superintendent Name (print): _____ Original Signature: _____ Date: _____	District Child Nutrition Director Name (print): _____ Original Signature: _____ Date: _____
PERSON OTHER THAN SUPERINTENDENT AUTHORIZED TO SIGN CHILD NUTRITION DOCUMENTATION	Name (print): _____ Original Signature: _____ Date: _____ Position: _____

Return both sets with original signatures to ADE/CNU by May 20, 2016:

ADE/CHILD NUTRITION UNIT
 2020 West 3rd Street, Suite 404
 Little Rock, AR 72205-4665

APPROVED BY: _____ Date: _____
 Suzanne Davidson, Director
 Child Nutrition Unit