

SFA/School District: _____

LEA #: _____

**RENEWAL OF POLICY STATEMENT FOR FREE & REDUCED PRICE MEALS
2016-17 SCHOOL YEAR**

The above School Food Authority/Local Education Agency (SFA/LEA) agrees to participate in the following program(s):
(Check all that apply)

- National School Lunch Program (NSLP) CFDA# 10.555
- School Breakfast Program (SBP) CFDA# 10.555/10.553
- Afterschool Snack (Schedule B required before implementation) CFDA# 10.555
- Special Milk (available only for schools without NSLP or SBP, or for half-day kindergarten students where breakfast or lunch is unavailable)
- Seamless Summer (Schedule C-17 required before implementation) CFDA# 10.555

Community Eligibility Provision (CEP) *

- Not applicable
- Cycle Beginning Year 2016-17 ~ OR ~ Cycle Beginning Year if not 2016-17 _____

Provision 2* option alternative to meal counting and claiming:

- Not applicable Base Year 2016-17 Base Year if not 2016-17 _____

**Contact Donna Ratliff or Area Specialist for more information*

PLEASE COMPLETE THE ATTACHED DOCUMENTS: MEAL COUNT AND COLLECTION PROCEDURES, COMPUTER SYSTEMS IN CHILD NUTRITION PROGRAMS AND CHILD NUTRITION CONTACT PAGE AS PART OF THE RENEWAL OF POLICY STATEMENT. THE DISTRICT WILL NOT BE APPROVED FOR PARTICIPATION OR REIMBURSEMENT IN ANY OF THE ABOVE PROGRAMS WITHOUT THIS DOCUMENT.

SAMPLE FORMS/LETTERS:

The attached packet "Free and Reduced Price School Meals Application and Verification Forms" is a part of the Renewal of Policy Statement for Free and Reduced Price Meals and contains the prototype for the Free and Reduced Price Meals Application Process. **These forms MUST be used exactly as instructed or the altered forms MUST be attached to this Renewal of Policy Statement for Free and Reduced Price Meals for approval by CNU/ ADE.**

YES _____ **Attached forms and letter packet will be used as published.**

NO _____ **Attached copies of altered forms and letters are submitted for approval by ADE/CNU.**

This 2016-17 Renewal of Policy Statement for Free & Reduced Price Meals will be attached to the 2015-2016 Policy Statement and placed in the current Child Nutrition file. Copies of the Renewal of Policy Statement and of the Original 2015-2016 Policy Statement will be given to all district personnel responsible for free and reduced price meal policy and procedures.

ORIGINAL SIGNATURES:

<p>_____ Superintendent Signature Date</p> <p>_____ Superintendent Name (PLEASE PRINT)</p> <p>_____ District Child Nutrition Director Signature Date</p> <p>_____ District Child Nutrition Director Name (PLEASE PRINT)</p>	<p>_____ Suzanne Davidson, Director Date CHILD NUTRITION UNIT ARKANSAS DEPARTMENT OF EDUCATION 2020 West 3rd Street, Suite 404 Little Rock, AR 72205</p>
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