

Child Nutrition Renewal Agreement & Policy Statement Checklist 2015 - 2016

School District: _____

Office Use
Only

LEA #: _____

Return the following materials to Child Nutrition Unit:

2 Original Copies:

- ❖ One Copy of this Checklist (yellow paper)
- ❖ Original Agreement (green paper)
- ❖ CN Program Schedule A (**completed by SFA/LEA**)
Each school information completed and signed by **CND and/or Menu Planner**
- ❖ Paid Lunch Equity Tool (PLE)
- ❖ Agreement Attachments/Assurances:
 - Menu Planning Attestation
 - Food Safety Attestation
 - Health Inspection Report
 - Wellness Policy Update
 - Civil Rights Attestation
 - Procurement Attestation
- ❖ Original Policy Statement
- ❖ Policy Statement Attachments:
 - Meal Count and Collection Procedures
 - CN Contact Information Page
 - Computer Information
 - Forms Packet (return only if changes are made to prototype)
 - Media Release (return only if changes are made to prototype)

Signed by:

- Superintendent District CND
- District CND and/or Menu Planner
- Superintendent District CND
- Superintendent District CND
- District CND
- District CND
- Supt. District CND Wellness Chair
- Superintendent District CND
- Superintendent District CND
- Superintendent District CND

If applicable also return 2 original copies:

- ❖ **Changes to Forms and Letters**
(including scanned applications)
- ❖ Afterschool Snack Schedule B (purple paper)
- ❖ Seamless Summer Schedule C-16 (pink paper)

- Superintendent District CND
- Superintendent District CND

MAIL TO:

ALL OF THE ABOVE MUST HAVE ORIGINAL SIGNATURES, NOT COPIES OR STAMPS OF SIGNATURES. THE ABOVE FORMS WILL BE SIGNED BY THE ADE/CNU DIRECTOR, SUZANNE DAVIDSON. ONE SIGNED COPY WILL BE RETURNED TO THE SCHOOL DISTRICT FOR DISTRICT RECORDS.

ADE/CNU
2020 West 3rd Street, Suite 404
Little Rock, AR 72205-4465

For Child Nutrition Office Use Only:	Done	Not Applicable	Yes	No
Agreement Signed	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Paid Lunch Equity (PLE)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Menu Planning Attestation Statement	<input type="checkbox"/>			
Food Safety	<input type="checkbox"/>			
Health Inspection Statement	<input type="checkbox"/>			
Wellness Policy Assurances	<input type="checkbox"/>			
Civil Rights	<input type="checkbox"/>			
Procurement	<input type="checkbox"/>			
Schedule A(s)	<input type="checkbox"/>			
Severe Need	<input type="checkbox"/>	<input type="checkbox"/>		
Safety Net	<input type="checkbox"/>	<input type="checkbox"/>		
Afterschool Snack	<input type="checkbox"/>	<input type="checkbox"/>		
Seamless Summer Option	<input type="checkbox"/>	<input type="checkbox"/>		
Policy Statement Signed	<input type="checkbox"/>			
Meal Count and Collection Procedures	<input type="checkbox"/>			
Computer Information	<input type="checkbox"/>			
CN Contact Information Page	<input type="checkbox"/>			
Afterschool Snack Schedule B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seamless Summer Schedule C-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Revised F/R application
Revised Letters

Notes:

to Stephanie _____
 to Stephanie _____