

Schedule A - Policy Statement and Agreement 2015-2016 School Year

Indicate any changes for the 2014-2015 School Year. Mark through incorrect information. Provide corrections. Be sure to include the area code.

District Name: _____ District LEA: _____ CND: _____ ADE Certified Director DUNS#: _____
 Address: _____ District Phone: _____ SSN: _____ CND Email: _____
 Superintendent: _____ District Fax: _____ Address: _____ CND Phone: _____
 District Email: _____ CND Fax: _____

SY 2014-2015 District Totals

No. Schools: _____ Regular: _____ No. Serving Sites: _____ No. Schools w/Breakfast: _____ No. Schools w/Lunch: _____ No. Schools w/Afterschool Snack: _____
 Regular Summer: _____ No. Serving Sites: _____ No. Schools w/Breakfast: _____ No. Schools w/Lunch: _____ No. Schools w/Afterschool Snack: _____
 Seamless Sum: _____ No. Serving Sites: _____ No. Schools w/Breakfast: _____ No. Schools w/Lunch: _____ No. Schools w/Afterschool Snack: _____

School LEA:	Year Round School	PROGRAMS	REGULAR	REGULAR SUMMER	SEAMLESS SUMMER	PRICES			Alt Breakfast Types: A=Grab/Go In Cafeteria B=Grab/Go Out Cafeteria C=Breakfast in Classroom D=2nd Breakfast period E=Other,attach explain	Indicate Alternate Breakfast? Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____ (see option on left)					
School:	Grade Span:	BREAKFAST	SEVERE NEED	LUNCH	SAFETY NET	AFTERSCHOOL SNACK	AREA ELIGIBLE	NON AREA ELIGIBLE			Seam Summer SUPPER	PAID	RED.	ADULT	
Principal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Phone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AM <input type="checkbox"/>									
Cafeteria Mgr:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PM <input type="checkbox"/>									
SSN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Manager/Director <input type="checkbox"/>	Certified Manager: <input type="checkbox"/>														

Brkst Menu Planning	Lunch Menu Planning
<input type="checkbox"/> K - 12	<input type="checkbox"/> K - 05
<input type="checkbox"/> K - 05	<input type="checkbox"/> K - 08
<input type="checkbox"/> 06 - 08	<input type="checkbox"/> 06 - 08
<input type="checkbox"/> 09 - 12	<input type="checkbox"/> 09-12

Child Nutrition Director must sign/date to verify the menu planning (meal pattern) option for each school. Menu Planner Signature / Date (if different from CN Director)

If changes occur to the above mentioned items during the school year, please report the changes to the Child Nutrition Unit immediately.

For Child Nutrition Use Only:	Consulting Area:
Checked: _____ By: _____ Entered into System: _____ By: _____ Mo Day Yr Mo Day Yr Mo Day Yr Mo Day Yr	