

DISTRICT: _____

SY 2015-2016

LEA #: _____

SCHEDULE B

AFTERSCHOOL SNACK PROGRAM

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

Col. A		Col. B	Col. C	Col. D	Col. E	Col. F	Col. G (E + F)	Col. H (G ÷ D)	Col. I ADE CNU USE ONLY		Col. J Expanded Learning Time School?
SCHOOL LEA #	SCHOOL(S)	DATE ASP WILL BEGIN MM/DD/YYYY	DATE ASP WILL END MM/DD/YYYY	ENROLL AS OF OCT. 1, 2014	FREE ELIG. AS OF OCT. 1, 2014	RED. ELIG. AS OF OCT. 1, 2014	TOTAL FREE & RED. ELIG.	% OF FREE & RED. ELIG. OF ENROLLMENT (DO NOT ROUND) (e.g. 59.72%)	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 Yes (AREA ELIGIBLE) No (NON-AREA ELIG)		YES or NO
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

District Child Nutrition Director – Signature

Superintendent – Signature

Date

Date

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.

ADE Use Only	
Approved by: _____	Patricia Winders, MS, RD, LD Assistant Director, Child Nutrition Unit
_____	_____
Date	Reviewer Initials
_____	# Approved Sites
_____ Area eligible	_____ Non area eligible

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 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

Please fill out the form on the back of this sheet, Afterschool Snack Schedule B for the School Year 2015-2016. After the calculations are made to determine AREA ELIGIBLE OR NON-AREA ELIGIBLE Schools:

- (1) Change the printed district Child Nutrition Program School Year 2015-2016 Schedule A in the Agreement and Policy Statement data form to reflect any changes for these schools.
- (1) Be sure to mark the Child Nutrition Program Schedule A form to ADD schools that have not previously participated in the program and to DELETE schools no longer participating.
- (2) Return two copies of this form with original signatures with the two copies of the Child Nutrition Program Renewal Agreement for School Year 2015-2016.
- (3) If the district is approved for operation of the Afterschool Snack Program and does NOT implement the program, the district must send notification by letter to the Arkansas Department of Education, Child Nutrition Unit, Attn: Patricia Winders
- (4) Afterschool snacks cannot be claimed for reimbursement until the district receives an approved SY 2015-2016 Schedule B.

FORM INSTRUCTIONS: (See pages 6 of the Agreement for Afterschool Snack Program Information.)

- Column A:** List all schools and school LEA numbers within the district that will participate in the Afterschool Snack Program for SY 2015-2016.
- Column B:** Date Afterschool Snack Program will begin – MM/DD/YYYY
- Column C:** Date Afterschool Snack Program will end – MM/DD/YYYY
- Column D:** List the most current October 1 enrollment data for each school in which Afterschool Snacks will be served as reported to the Child Nutrition Unit, ADE.
- Column E:** List the number of students eligible for free meals for each school in which Afterschool Snacks will be served as listed on the most current October 1 data reported to the Child Nutrition Unit.
- Column F:** List the number of students eligible for reduced price meals for each school in which Afterschool Snacks will be served as listed on the most current October 1 data reported to the Child Nutrition Unit.
- Column G:** Add the number of students eligible for free and reduced price meals.
- Column H:** Divide the total number of students eligible for free and reduced price meals in Column G by the enrollment as listed in each school in Column D.
- Column I:** **FOR ADE USE ONLY.**
Use the percentage in Column H to indicate "yes" if the school meets the requirement as an AREA ELIGIBLE School for free snacks (50% or greater of enrollment must be certified eligible for free or reduced price meals). If the school is not eligible for all free snacks indicate "no". These are considered NON-AREA ELIGIBLE Schools and snacks will be claimed at the free, reduced price, and paid rates.
- Column J:** 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.