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| Colorado Department of Education | Nutrition Unit 201 E Colfax Denver, CO 80203 | School Nutrition Programs Application |
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INSTRUCTIONS: Type or print clearly all information. Every School Food Authority (SFA) must complete the application in duplicate and send both copies with original signature to the above address. One signed copy will be returned for the SFA to maintain in their files. Any SFA which administers more than one school must complete a separate Section II for each school under its jurisdiction.

| SECTION 1 - FOR ALL SCHOOL FOOD AUTHORITY (SFAs) | | | | | | | | | | |
|--|--|----------------------------|-------------------------------|-------|--------------------------|-------|---------------------------------|-------|---|--|
| 1. Name of SFA | Federal Identification Number | School Number (CDE use) | | | | | | | | |
| Contact Person Name | | Contact Person Title | | | | | | | | |
| Contact Address | City | Zip Code | | | | | | | | |
| Contact E-Mail Address | Telephone Number () | Fax Number () | | | | | | | | |
| Name of Food Service Contact (if different from Contact Person) | | Food Service Contact Title | | | | | | | | |
| Food Service Address | City | Zip Code | | | | | | | | |
| Food Service E-Mail Address | Telephone Number () | Fax Number () | | | | | | | | |
| 2. Administered Schools. Provide the total number of schools which the SFA administers. | 3. Student Enrollment. Indicate the total number of students enrolled at all administered schools. _____ | | | | | | | | | |
| 4. Program Application. Specify the number of schools applying for participation in each program. <table> <tr> <td><u>Program</u></td> <td><u># of Schools</u></td> </tr> <tr> <td>National School Lunch Program</td> <td>_____</td> </tr> <tr> <td>School Breakfast Program</td> <td>_____</td> </tr> <tr> <td>Afterschool Care Snack Program*</td> <td>_____</td> </tr> </table> <p>* Program application forms must be also be submitted.</p> | <u>Program</u> | <u># of Schools</u> | National School Lunch Program | _____ | School Breakfast Program | _____ | Afterschool Care Snack Program* | _____ | 5. Status of SFA (check all that apply): _____ Public School _____ Charter School – Public | |
| <u>Program</u> | <u># of Schools</u> | | | | | | | | | |
| National School Lunch Program | _____ | | | | | | | | | |
| School Breakfast Program | _____ | | | | | | | | | |
| Afterschool Care Snack Program* | _____ | | | | | | | | | |

6. Food Service Income.

In addition to the NSLP, SBP, ASSP will this SFA provide any food service in which the revenue will not accrue to the nonprofit school food service account? Yes No

7. Food Service Management Company (FSMC)

Do you contract with someone to prepare meals? Name of Company: _____
 Yes No

8. Non-profit Status

Submit proof of non-profit status for all sites.

| 9. PRICES | PRICE: | NATIONAL SCHOOL LUNCH PROGRAM | SCHOOL BREAKFAST PROGRAM |
|-----------|-----------------|--|--------------------------|
| | | Specify how much children will be charged for the purchase of meals, milk or snacks. | |
| | ELEMENTARY | | |
| | MIDDLE/ JR HIGH | | |
| | SENIOR HIGH | | |
| | REDUCED PRICE* | | |
| | ADULT WITH MILK | | |
| | ADULT W/O MILK | | |

Reduced Price Lunch = Not more than 40 cents; No charge for PK-2

Breakfast = No charge for reduced price meals

Civil Rights

1. Describe your admission requirements:

2. What membership requirements must your students/residents fulfill before being admitted to your school?

3a. CDE to complete: State the racial/ethnic makeup of the service area according to the most recent census (numbers):

_____ American Indian or Alaskan Native; _____ Asian; _____ Black or African American;

_____ Native Hawaiian or other Pacific Islander; _____ White; _____ Other

Estimate ethnic makeup of your service area: (numbers) _____ Hispanic or Latino _____ Not Hispanic or Latino

3b. SFA to complete: Estimate racial/ethnic makeup of your enrollment: (numbers)

_____ American Indian or Alaskan Native; _____ Asian; _____ Black or African American;

_____ Native Hawaiian or other Pacific Islander; _____ White; _____ Other

Estimate ethnic makeup of your enrollment: (numbers) _____ Hispanic or Latino _____ Not Hispanic or Latino

4a. List any Federal assistance provided to the institution:

4b. Has the institution ever been found to be out of compliance with civil rights requirements by the Federal agencies listed?

Yes _____ No _____

CDE USE

A review of this information has been conducted to assure that applicant is in compliance with civil rights laws.

Signature of SA Reviewer: _____ Date: _____

Through the National School Lunch Program, participating schools which operate nonprofit lunch programs in accordance with 7 CFR Part 210 receive cash and donated food assistance. Participating schools in the Food Distribution Program receive donated food assistance. Through the School Breakfast Program, cash is provided to participating programs in accordance with 7 CFR Part 220. The Special Milk Program provides cash assistance to participating schools which operate nonprofit milk service programs in accordance with 7 CFR Part 215. Participation in the Special Milk Program is limited to those facilities which 1) do not participate in the US Department of Agriculture (USDA) meal service programs or 2) operate split session kindergarten programs in which children do not have access to a USDA meal service program. The After School Care Snack Program provides cash to participating institutions under 7 CFR 210 and/or 226 (as applicable).

CERTIFICATION STATEMENT

I CERTIFY that the information on this application is true to the best of my knowledge and that this SFA/school does not discriminate on the basis of race, color, sex, national origin, age or disability. I further understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I certify that the SFA or School agrees to abide by all the provisions outlined in the paragraph above and in Free & Reduced Price Policy Statement.

| | | |
|------|--|-------|
| Date | Signature of SFA Official | Title |
| Date | Signature of State Agency Representative | Title |

SIGNATURES FOR AGREEMENT AND CLAIMS

The following are signatures for the individuals authorized by the SFA to approve claims and to sign for any changes regarding information provided by the SFA.

| | | |
|------|---|-------|
| Date | Signature of SFA official authorized to submit (sign) claims. | |
| | Print the name of the SFA official authorized to submit (sign) claims. | Title |
| Date | Signature of SFA official authorized to change or amend this application | |
| | Print the name of the SFA official authorized to change or amend this application | Title |

Section II (complete a copy of this form for EACH school)

| | | | | | | | | | | | | | |
|---|--|-------|--------|-----|--------|-----------|-------|-------|-------|-------|-------|-------|-------|
| <p>Name of School</p> | <p>Address of School</p> | | | | | | | | | | | | |
| <p>City</p> | <p>Zip Code</p> | | | | | | | | | | | | |
| <p>2a. Planned Period of Operation. State the operational schedule for this school:</p> <p>_____ Traditional (Aug./Sept. - May/June)</p> <p>_____ Year Round</p> <p>_____ Other (explain):</p> <p>2b. Grades at this school _____</p> <p>2c. Enrollment _____</p> | <p>3. Offer Versus Serve. Check if Offer versus Serve will be available to some or all children at this school. Indicate which grade levels will have this option (note: Offer versus Serve is required in secondary schools and it is optional in elementary schools).</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Some</td> <td style="text-align: center;">All</td> <td style="text-align: center;">Grades</td> </tr> <tr> <td>Breakfast</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Lunch</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table> | | Some | All | Grades | Breakfast | _____ | _____ | _____ | Lunch | _____ | _____ | _____ |
| | Some | All | Grades | | | | | | | | | | |
| Breakfast | _____ | _____ | _____ | | | | | | | | | | |
| Lunch | _____ | _____ | _____ | | | | | | | | | | |
| <p>4. Food Preparation. Identify the type of service or facility which will be used by the school for food preparation. Attach a copy of the contract or agreement, if applicable.</p> <p>_____ Full-Prep Kitchen</p> <p>_____ Base Kitchen</p> <p>_____ Central Kitchen</p> <p>_____ Food Service Management Company</p> <p>_____ Contract(s)</p> | <p>5. Check the programs that will be offered at this site:</p> <p>_____ National School Lunch Program</p> <p>_____ School Breakfast Program</p> <p>_____ Afterschool Care Snack Program</p> | | | | | | | | | | | | |
| <p>6. Proposed collection procedure:</p> <p>_____ Computer – Name of system: _____</p> <p>_____ Checklist</p> <p>_____ Ticket System</p> <p>_____ Other (complete Attachment G)</p> | <p>7. Proposed point of service:</p> <p>_____ One-Person POS System - End of line</p> <p>_____ Two-Person POS System</p> <p>(complete Attachment G)</p> | | | | | | | | | | | | |
| <p>8. Meal Service Type:</p> <p>_____ Traditional Food Based</p> <p>_____ Enhanced Food Based</p> <p>_____ Nutrient Standard Menu Planning</p> | <p>9. Proposed distribution procedure:</p> <p>_____ No cash on meal service line</p> <p>_____ Cash is accepted on meal service line</p> <p>_____ Other (complete Attachment G)</p> | | | | | | | | | | | | |
| <p>10. Will a la carte be available at this site?</p> <p>_____ Milk only _____ Yes _____ No</p> | | | | | | | | | | | | | |

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|--|-----------------|-------------------------------|--------------------------|
| 11. PRICES* Specify how much children will be charged for the purchase of meals, milk or snacks. | <u>PRICE:</u> | NATIONAL SCHOOL LUNCH PROGRAM | SCHOOL BREAKFAST PROGRAM |
| | ELEMENTARY | | |
| | MIDDLE/ JR HIGH | | |
| | SENIOR HIGH | | |
| | REDUCED PRICE* | | |
| | ADULT WITH MILK | | |
| | ADULT W/O MILK | | |

***List meal prices if different than SFA prices**

Reduced Price Lunch = Not more than 40 cents; No charge for PK-2

Breakfast = No charge for reduced price meals