

8. **For school districts applying for the SMP:** The benefits of the SMP are extended to sites that do not participate in another federally assisted food service program authorized under the Child Nutrition Act or the National School Lunch Act. In addition, sites with a meal service may offer the SMP to preprimary and split-session kindergarten children who do not have access to the meal service. Within the SMP, three program choices exist. Select the program you wish to implement by checking the appropriate box.

- Nonpricing Program
 - All children are served milk free of charge, and all milk served is claimed for reimbursement at the rate established by the United States Department of Agriculture (USDA).

- Option 1 Pricing Program
 - Children whose family size/income falls within the free guidelines are served free milk. Reimbursement is claimed for the average cost of milk served free to eligible children. Children who are not eligible for free milk pay for the milk received, and reimbursement is claimed for paid milk at the rate established by USDA.

- Option 2 Pricing Program
 - All children are charged for milk served regardless of family size/income. All milk served is claimed for reimbursement at the rate established by USDA.

9. Do you agree to follow all provisions in the Permanent Application, Permanent Agreement, Permanent Policy Statement, and Certification Regarding Lobbying for the Child Nutrition Programs indicated in Item 3?
 Yes No

10. A completed Certificate of Authority/Authorized User Form with original signatures must accompany the application and agreement.

I CERTIFY that the completed information is true and correct to the best of my knowledge, that reimbursement will be claimed only for meals served to children participating in the National School Lunch Program, School Breakfast Program, After-School Snack Program, Seamless Summer option, and/or Fresh Fruit and Vegetable Program and for milk served to children participating in the Special Milk Program (if applicable), and that this SFA does not discriminate on the basis of race, sex, color, national origin, age, or disability.

SCHOOL FOOD AUTHORITY

STATE DEPARTMENT OF EDUCATION

 Signature of Superintendent

 Signature of Executive Director
 Child Nutrition Programs

Date: _____

Date: _____

**SCHEDULE B
AVERAGE MEAL COST FORMULA**

	<i>Elementary School</i>	<i>Middle School</i>	<i>High School</i>
Student Lunch:	\$ _____	_____	_____
Student Breakfast:	\$ _____	_____	_____
Student Snack:	\$ _____	_____	_____
Adult Lunch:	\$ _____	_____	_____
Adult Breakfast:	\$ _____	_____	_____
Adult Snack:	\$ _____	_____	_____
Staff Lunch:	\$ _____	_____	_____
Staff Breakfast:	\$ _____	_____	_____
Staff Snack:	\$ _____	_____	_____

REDUCED-PRICE STUDENT CHARGE:

Lunch: \$ _____ (Not to exceed 40¢)
 Breakfast: \$ _____ (Not to exceed 30¢)
 Snack: \$ _____ (Not to exceed 15¢)

MINIMUM REQUIREMENT TO CHARGE ADULT/CONTRACT MEALS:

Breakfast—Free Regular Breakfast Rate _____
 Lunch—Free Regular Lunch Rate Plus Value of Commodities _____
 Snack—Free Snack Rate _____

Special Milk Program: \$ _____ (Pricing Programs Only—does **NOT** refer to à la carte sales)

If the SFA is charging its paying students less than what the paid lunch equity (PLE) had indicated, then the SFA must explain in the space provided how the average that is charged meets the PLE tool minimum.

SCHEDULE C

OKLAHOMA STATE DEPARTMENT OF EDUCATION

CHILD NUTRITION PROGRAMS

APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE 2012-2013 SCHOOL YEAR

School Food Authority	County District Code
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Complete only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed.

(1) Severe Need Site Name (List each site within the district wishing to participate in Severe Need)	Lunches Served in 2010-2011			(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2010-2011 School Year	(6) Percentage Free and Reduced-Price Lunches Served in 2010-2011 School Year* (Column [4] divided by Column [5])
	(2) Number of Free Lunches Served in 2010-2011 School Year	(3) Number of Reduced-Price Lunches Served in 2010-2011 School Year	(4) Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3])		
Name of Authorized Representative:					Date:

* Sites with 40 percent or more free and reduced-price lunches served in the second preceding year qualify as a Severe Need site. Must agree with Schedule A of agreement.

COMPLIANCE WITH CIVIL RIGHTS ACT OF 1964

This questionnaire must be completed and returned before any action can be taken on your application. Use additional pages if needed.

1. Estimate the racial composition of the area served by the program.

School Food Authority	Mark One Ethnic Identify:		Asian	White	Black or African American	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
	Hispanic or Latino	Not Hispanic or Latino					

2. Estimate the racial composition of the enrollment for each site.

School Site	Mark One Ethnic Identify:		Asian	White	Black or African American	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
	Hispanic or Latino	Not Hispanic or Latino					

3. Are there any membership requirements that must be met prior to admission to the SFA? Yes No

If yes, please describe: _____

4. Has the SFA ever been found to be in noncompliance of civil rights by any federal program?

Yes No

If yes, furnish details: _____

5. Are funds received from other federal/state agencies? Yes No

If yes, list the agencies and the amounts received: _____

Signature of Authorized Representative

School Food Authority

Date

Address

City, State, Zip Code

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS (CNP)
CERTIFICATE OF AUTHORITY/AUTHORIZED USER FORM**

COUNTY DISTRICT CODE _____

COUNTY _____

SCHOOL FOOD AUTHORITY _____

This is to certify that _____, whose signature appears below, is the designated authorized representative of the governing body shown below and is fully empowered to enter into any agreement with the Oklahoma State Department of Education (OSDE) which may be a prerequisite to the installation and/or operation of a National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), After-School Snack Program (ASSP), Child and Adult Care Food Program (CACFP), and/or Summer Food Service Program for Children (SFSP) in the School Food Authority (SFA) shown above, and may act for the governing body in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the program(s).

Governing Body _____

(President, Clerk, or Other) (Signature of Authorized Representative)

Title: _____ Date: _____ Title: _____ Date: _____

MAILING ADDRESS TO BE USED FOR ALL CORRESPONDENCE FROM THIS OFFICE:

(Street or Box) (State) (Zip Code)

The Authorized Representative signs or electronically transmits and accepts responsibility for the monthly claim for reimbursement and receives all correspondence from this office. The name of this person should appear, typed or printed, at the top of the page; this person should sign on the *Signature of Authorized Representative* line. A member of the Board of Education should sign on the *President, Clerk, or Other* line. A stamped signature is not acceptable unless that signature is registered with the Secretary of State.

Oklahoma State Department of Education
Child Nutrition Programs Section, Room 310
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599