

<p>OKLAHOMA STATE DEPARTMENT OF EDUCATION</p> <p>CHILD NUTRITION PROGRAMS (CNP)</p> <p>PERMANENT APPLICATION</p> <p>NATIONAL SCHOOL LUNCH PROGRAM (NSLP), SCHOOL BREAKFAST PROGRAM (SBP), SPECIAL MILK PROGRAM (SMP), AND/OR AFTER-SCHOOL SNACK PROGRAM (ASSP)</p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">County District Code</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Name of School Food Authority (SFA)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street or Box</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Town or City State Zip </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">County</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">()</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Telephone</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> E-Mail Fax </div>
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Type of Institution: ☐ Public School ☐ Residential Child Care Institution (RCCI)

☐ Charter School ☐ Boarding School

For RCCI/Boarding School Only:	Total Enrollment: _____
RCCI/Boarding School Provides Care for: <input type="checkbox"/> Residential Students Only <input type="checkbox"/> Both Residential and Nonresidential Students	

1. Total number of sites (accredited attendance units) administered by the SFA (must match the sites listed in the Educational Directory): _____
2. Total number of sites (nonaccredited attendance units) administered by the SFA (i.e., Head Start sites, Even Start, and others not listed in the Educational Directory): _____
3. Total number of regular sites (attendance units) applying for:

(a) NSLP _____
(Must complete
Schedule A)

(b) SBP _____
(Must complete
Schedule A)

(c) SNB* Only _____
(Must complete
Schedules A and C)

(d) SMP _____
(Must complete
Number 8 and
Schedule A)

(e) ASSP _____
(Must complete
Schedules A and D)

(f) CACFP** _____
(Must complete
Schedule A)

(g) SFSP*** _____
(Must complete
Schedule A)

* Severe Need Breakfast Program
** Child and Adult Care Food Program
***Summer Food Service Program for Children
4. Total number of eating sites the SFA operates for lunch (must match the number of boxes checked as eating sites under NSLP on Schedule A): _____
5. Total number of kitchen units (number of locations that actual food preparation is being done): _____
6. Estimated date program(s) will begin: _____
7. Estimated number of days meals will be served: _____

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: _____

PAGE _____ OF _____
PAGES. PLEASE MAKE
ADDITIONAL COPIES IF
NEEDED.

OKLAHOMA STATE DEPARTMENT OF EDUCATION

[illegible]

*Students who have access to the NSLP, SBP, or ASSP are not allowed to participate in the SMP.

SCHEDULE B **AVERAGE MEAL COST FORMULA**

	FULL-PRICE CHARGE: (Most frequent charged price)		
	<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 (and maintain supporting documentation) in the space provided how the average that is charged meets the PLE tool minimum. *New school districts must charge the difference between the free reimbursement rate and the paid reimbursement rate for a full-price (paid) student lunch meal.*

SCHEDULE C

OKLAHOMA STATE DEPARTMENT OF EDUCATION

CHILD NUTRITION PROGRAMS

APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE 2013-2014 SCHOOL YEAR

School Food Authority				County District Code	
<i>Complete only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed.</i>					
(1) Severe Need Site Name (List each site within the district wishing to participate in Severe Need)	(2) Number of Free Lunches Served in 2012-2013 School Year	(3) Number of Reduced-Price Lunches Served in 2012-2013 School Year	(4) Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3])	(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2012-2013 School Year	(6) Percentage Free and Reduced-Price Lunches Served in 2012-2013 School Year* (Column [4] divided by Column [5])
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.

SCHEDULE D

OKLAHOMA STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS APPLICATION FOR SNACK REIMBURSEMENT

School Food Authority						County District Code	
<i>COMPLETE ONLY FOR SITES WITH AFTER-SCHOOL PROGRAMS FOR WHICH SNACK REIMBURSEMENT WILL BE CLAIMED.</i>							
(1) Site Code	FREE/REDUCED-PRICE ELIGIBLES BY SITE FOR OCTOBER					(7) Percentage Free and Reduced-Price Eligibles in October 2013 (Column [5] divided by Column [6])*	(8) Purpose of After-School Program (Must be educational or enrichment)
	(2) Site Name (List each site within the district wishing to participate in the Snack Program)	(3) Number of Enrolled Students Eligible for Free Meals in October 2013	(4) Number of Enrolled Students Eligible for Reduced-Price Meals in October 2013	(5) Total Free and Reduced- Price Eligible Students (Column [3] plus Column [4])	(6) Total Enrollment		
Name of Authorized Representative:						Date:	

*Sites with 50 percent or more free and reduced-price eligible students qualify to claim all snacks served at the free rate of reimbursement.

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

COUNTY DISTRICT CODE _____

COUNTY _____

SCHOOL FOOD AUTHORITY _____

Governing Body _____

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

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

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