County District Code OKLAHOMA STATE DEPARTMENT OF EDUCATION Name of School Food Authority (SFA) CHILD NUTRITION PROGRAMS (CNP) Street or Box PERMANENT APPLICATION NATIONAL SCHOOL LUNCH PROGRAM (NSLP), Town or City SCHOOL BREAKFAST PROGRAM (SBP), SPECIAL MILK PROGRAM (SMP), County AND/OR AFTER-SCHOOL SNACK PROGRAM (ASSP) Telephone E-Mail Residential Child Care Institution (RCCI) Charter School ☐ Boarding School For RCCI/Boarding School Only: Total Enrollment: RCCI/Boarding School Provides Care for: Residential Students Only Both Residential and Nonresidential Students Total number of sites (accredited attendance units) administered by the SFA (must match the sites listed in the Educational Directory): _____ 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: (c) SNB* Only (e) ASSP_ (f) CACFP** (a) NSLP (b) SBP (d) SMP (g) SFSP*** (Must complete Schedules A and C) Schedule A) Schedules A and D) Schedule A) Number 8 and Schedule A) Schedule A) 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): __ Total number of kitchen units (number of locations that actual food preparation is being done): Estimated date program(s) will begin: Estimated number of days meals will be served:

8.	in another federally assisted food service School Lunch Act. In addition, sites with	The benefits of the SMP are extended to sites that do not participate program authorized under the Child Nutrition Act or the National a meal service may offer the SMP to preprimary and split-session ss to the meal service. Within the SMP, three program choices exist 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 F Statement, and Certification Regarding Lobbying for the Child Nutrition Programs indicated in Item 3? Yes No 								
10.	A completed Certificate of Authority/Authoriand agreement.	zed User Form with original signatures must accompany the application						
clai Pro serv	med only for meals served to children part gram, After-School Snack Program, Seamless	e and correct to the best of my knowledge, that reimbursement will be icipating in the National School Lunch Program, School Breakfast Summer option, and/or Fresh Fruit and Vegetable Program and for milk Program (if applicable), and that this SFA does not discriminate on the isability.						
	SCHOOL FOOD AUTHORITY	STATE DEPARTMENT OF EDUCATION						
	Signature of Superintendent	Signature of Executive Director Child Nutrition Programs						
Dat	e:	Date:						

School District Name: County District Code:

OKLAHOMASTATE DEPARTIMENT OF EDUCATION CHILD NUTRITION PROGRAMS

ADDITIONAL COPIES IF PAGES. PLEASE MAKE

NEEDED.

NATIONAL SCHOOL LUNCH PROGRAM (NSLP),

SCHEDULEA—LIST OF SITTES

AFTER-SCHOOL SNACK PROGRAM (ASSP), SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP), AND/OR CHILD AND ADULT CARE FOOD PROGRAM (CACEP) AGREEMENT SCHOOL BREAKFAST PROGRAM (SBP), SPECIAL MILK PROGRAM (SMP),

Check if Check if school school site also participarticipates in pates in CACFP SFSP	(Must agree with 3g of page 1)										
Check if school site also participates in CACFP	(Must agree with 3f of page 1)										
ASSP agree with 3e [page 1)	Highest Grade Partici- pating at This Site										
SMP* ASSP (Must agree with 3e of page 1) of page 1)	Lowest Grade Partici- pating at This Site										
SMP* Must agree with 3d of page 1)	Highest Grade Partici- pating at This Site										
SMP* (Must agree 3d of page	Highest Lowest Grade Grade Partici- Partici- pating at pating at This Site This Site										
SNB (Served at least 40% free/reduced-price lunch in 2012-2013) (Must agree with 3c of page 1)	Highest Grade Partici- pating at This Site										
SN (Served at free/redu lunch in 2 (Must agree											
1P h 3b of	Check If Eating Site										
Regular SBP (Must agree with 3b of page 1)	Lowest Highest Grade Grade Partici- Participating at pating at This Site This Site										
R (Must	Lowest Grade Partici- pating at This Site										
1 3a of	Check If Eating Site										
NSLP ust agree with 3a of page 1)	Lowest Highest Grade Grade Partici- Participating at pating at This Site This Site										
(Must	Lowest Grade Partici- pating at This Site										
G.											
Name of Sites (Attendance Unit)											
Name (Attend											
1 42											
Accredited Site (Y/N)											
Site Code											
tion Child Nut	rition Programs	Annl	licati	on							3

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

AVERAGE MEAL COST FORMULA SCHEDULEB

	FULL-PRICE CHARGE: (Most frequent charged price) Elementary School Middle School High School	RGE: (Most frequent charged price Middle School High School	ent charged price) High School	REDUCED-PRICE STUDENT CHARGE:	
Student Lunch:	8			Lunch: \$	(Not to exceed 40ϕ)
Student Breakfast:	\$			Breakfast: \$	(Not to exceed 30ϕ)
uoits Student Snack:	⇔			Snack: \$	(Not to exceed 15ϕ)
Adult Lunch:	8			MINIMUMREQUIREMENT TO CHARGE ADULT/CONTRACT	DULI/CONTRACI
Adult Breakfast:	↔			MEALS:	
Adult Snack:	€			Breakfast—Free Regular Breakfast Rate	
				Lunch—Free Regular Lunch Rate Plus Value of Commodities_	of Commodities
Staff Lunch:	€.			Snack—Free Snack Rate	
Staff Breakfast:	\$				
Staff Snack:	S				

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.

(Pricing Programs Only—does NOT refer to à la carte sales)

Special Milk Program: \$_

SCHEDULE C

OKLAHOMA STATE DEPARTMENT OF EDUCATION

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

Percentage Free and Reduced-Price Lunches Served in 2012-2013 School Year* (Column [4] divided by County District Code Column [5]) 9 Total Free, Reduced-Price, and Full-Price Lunches Served in 2012-2013 School Year Date: Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3]) Complete only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed. Lunches Served in 2010-2011 Number of Reduced-Price Lunches Served in 2012-2013 School Year School Food Authority Number of Free Lunches Served in 2012-2013 School Year Name of Authorized Representative: Severe Need Site Name (List each site within the district wishing to participate in Severe Need) Ξ

* 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 CHILDNUTRITION PROGRAMS APPLICATION FOR SNACK REIMBURSEMENT

County District Code			(8) Purpose of After-School Program (Must be educational or enrichment)						
County			(7) Percentage Free and Reduced-Price Eligibles in October 2013 (Column [5] divided by Column [6])*						
	WILL BE CLAIMED.	BER	(6) Total Enrollment						Date:
	K REIMBURSEMENT 1	ICED-PRICE ELIGIBLES BY SITE FOR OCTOBER	(5) Total Free and Reduced- Price Eligible Students (Column [3] plus Column [4])						
School Food Authority	COMPLETE ONLY FOR SITES WITH AFTER-SCHOOL PROGRAMS FOR WHICH SNACK REIMBURSEMENT WILL BE CLAIMED.	E ELIGIBLES BY	(4) Number of Enrolled Students Eligible for Reduced-Price Meals in October 2013						
		FREE/REDUCED-PRIC	(3) Number of Enrolled Students Eligible for Free Meals in October 2013						સં
		FRE	(2) Site Name (List each site within the district wishing to participate in the Snack Program)						Name of Authorized Representative:
			(T) Sign Code October 19 (T) October						Name of Author

 $_{\odot}$ *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 Eth	nic Identify: Not Hispanic or Latino	Asian	White	Black or African American	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
2.	Estimate the racial composition of the er	nrollment for	each site.					
	School Site	Mark One Et	hnic Identify:	Asian	White	Black or African	American Indian or	Native Hawaiian or

		Hispanic or Latino	Not Hispanic	-		American	Alaska	Other Pacific Islander			
H		mopanic of Laurio	or Latino				Native				
3.	Are there any membership requirements	that must be m	net prior to a	dmission	to the SF	'A?	Yes	☐ No			
	If <i>yes</i> , please describe:										
	,, r										
	Has the SFA ever been found to be in noncompliance of civil rights by any federal program? Yes No										
	If yes, furnish details:										
í.	Are funds received from other federal/sta										
	If yes, list the agencies and the amounts r	eceived:									
	Signature of Authorized Representative	-	School F	Food Auth	ority						
	Date		Address								

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

COUNTY DISTRICT COD	E			
COUNTY				
SCHOOL FOOD AUTHOR	RITY			
This is to certify that	(Torre or Dring Name)	,	whose signature appears belo	w, is the designated
authorized representative of				
the Oklahoma State Departm	nent of Education (OSDE)	which may be	a prerequisite to the installati	on and/or operation
of a National School Lunch	Program (NSLP), School	Breakfast Prog	ram (SBP), Special Milk Pro	gram (SMP), After-
School Snack Program (ASS	P), Child and Adult Care F	Food Program ((CACFP), and/or Summer Fo	od Service Program
for Children (SFSP) in the Sc	chool Food Authority (SFA	a) shown above	, and may act for the governir	ng body in preparing
and signing other documents	s, reports, and claims for re	eimbursement j	pertaining to the installation	and operation of the
program(s).				
Governing Body				
(President,	Clerk, or Other)		(Signature of Authorized Re	presentative)
Title:	Date:	Title:		
MAILING ADDRESS TO	BE USED FOR ALL CO	ORRESPOND	ENCE FROM THIS OFFI	CE:
(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