

Schedule A
Agreement and Policy Statement
School Year 2022-2023

District Name: _____

District LEA: _____

Child Nutrition Director: _____

of Schools: _____

FSMC Company Name: _____

of Schools w/Breakfast: _____

FSMC Contact Person: _____

of Schools w/Lunch: _____

School Calendar (a) Traditional (5 Day)

(b) Alternate (hours)

(c) 4 Day Week

(d) Year-Round (12Month)

School: _____

School LEA: _____ **Grade Span:** _____

Manager: _____

Manager Phone #: _____ **Ext:** _____

Number of Serving Sites: _____

Breakfast Menu Planning

Prices Paid Reduced Adult

PK K-5 K-8

Standard

6-8 9-12

Breakfast: _____ _____ _____

CEP

Lunch Menu Planning

Lunch: _____ _____ _____

P2

PK K-5 K-8

6-8 9-12

Preschool Meals:

Do you serve preschool meals? Yes No

Meals claimed through ADE, CNU? Yes No

Estimated PK Enrollment: _____

PK Start Date: _____ PK End Date: _____

Total Number of PK Days Served: _____

Alternative Breakfast:

(a) Grab/Go Cafeteria

(b) Grab/Go Not in Cafeteria

(c) In Classroom (BIC)

(d) 2nd Chance Breakfast

(e) Other, Please Attach

If changes occur to the above information at any time during the school year, please provide changes in writing to ADE.CNU-A-PS@ade.arkansas.gov

Entered On-Line Claim System: _____
[Initials and Date]

Entered CN Database: _____
[Initials and Date]