

SFA/School District: _____

LEA #: _____

**CNU Agreement & Policy Statement to Administer School Nutrition Programs during
School year 2022-2023
Checklist**

| | | SFA Checklist | CNU Notes: | |
|--|---|------------------------------|------------------------------|--|
| CHECKLIST INCLUDED | | <input type="checkbox"/> SFA | <input type="checkbox"/> CNU | |
| | Original Signatures of: | | | |
| SIGNATURE PAGE | <input type="checkbox"/> Superintendent | <input type="checkbox"/> CND | <input type="checkbox"/> CNU | |
| Include all pages listed below: | | | | |
| AGREEMENT | | <input type="checkbox"/> SFA | <input type="checkbox"/> CNU | |
| Schedule A | | <input type="checkbox"/> SFA | <input type="checkbox"/> CNU | |
| POLICY STATEMENT | | <input type="checkbox"/> SFA | <input type="checkbox"/> CNU | |
| Policy Statement | | <input type="checkbox"/> SFA | <input type="checkbox"/> CNU | |
| Meal Count & Collections Procedures | | <input type="checkbox"/> SFA | <input type="checkbox"/> CNU | |
| Method(s) for distribution of Public Release | | <input type="checkbox"/> SFA | <input type="checkbox"/> CNU | |
| Special Provision Addendum | | | <input type="checkbox"/> CNU | |

**THE SIGNATURE PAGE MUST HAVE SCANNED WRITTEN SIGNATURES.
NO STAMPS OR ELECTRONIC SIGNATURES.**

THE ABOVE WILL BE APPROVED BY THE ADE CNU DIRECTOR, SUZANNE DAVIDSON.
A SCANNED COPY WILL BE RETAINED BY ADE CNU AND RETURNED TO THE DISTRICT.

Email completed materials by **May 18, 2022** to:
ADE.CNU-A-PS@ade.arkansas.gov

CNU use only:

Date Received at CNU _____ Area Specialist: _____

Circle One:
CEP P2 (non-base year)