

SFA/School District: \_\_\_\_\_

LEA #: \_\_\_\_\_

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

		SFA Checklist	CNU Notes:	
<b>CHECKLIST INCLUDED</b>		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
	Original Signatures of:			
<b>SIGNATURE PAGE</b>	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND	<input type="checkbox"/> CNU	
<b>Include all pages listed below:</b>				
<b>AGREEMENT</b>		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
Schedule A		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
<b>POLICY STATEMENT</b>		<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	
Meal Application Materials, Forms & Letters Attestation		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
Method(s) of Meal Application Distribution		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
CN Contact Information & Appeals Hearing Attestation		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
Web-Based Meal Application (optional)		<input type="checkbox"/> SFA	<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](mailto:ADE.CNU-A-PS@ade.arkansas.gov)

**CNU use only:**

Date Received at CNU \_\_\_\_\_ Area Specialist: \_\_\_\_\_

Circle One:  
Standard      P2 (base year)