

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

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

**CNU Agreement & Policy Statement to Administer School Nutrition Programs during  
School year 2021-2022  
Checklist**

Area  
Specialist

CEP

**P2  
NON-BASE YEAR**

		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> pages 1-4		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
<b>Schedule A</b> (Completed by SFA/LEA)		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
<b>Schedule B AFTERSCHOOL SNACK PROGRAM</b> (Optional)		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	<input type="checkbox"/> NA
<b>Schedule C-22 SEAMLESS SUMMER OPTION</b> (Optional)		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	<input type="checkbox"/> NA
<b>POLICY STATEMENT</b> pages 1-8		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
<b>Policy Statement</b> pages 1-4		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
<b>Meal Count &amp; Collections Procedures</b> pages 5-7		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
<b>Method(s) for distribution of Public Release</b> page 8		<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 14, 2021** to:  
[ADE.CNU-A-PS@ade.arkansas.gov](mailto:ADE.CNU-A-PS@ade.arkansas.gov)

Date  
Received  
at CNU