

SFA/School District: _____

LEA #: _____

**CNU Agreement & Policy Statement to Administer School Nutrition Programs
during School year 2023-2024
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) 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		<input type="checkbox"/> SFA	<input type="checkbox"/> CNU	
Provision 2 Addendum (ONLY P2 Base Year)			<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 DESE CNU DIRECTOR, SUZANNE DAVIDSON.
A SCANNED COPY WILL BE RETAINED BY ADE DESE CNU AND RETURNED TO THE DISTRICT.

Email completed materials by **May 19, 2023** to:
ADE.CNU-A-PS@ade.arkansas.gov

CNU use only:

Date Received at CNU _____ Area Specialist: _____

Circle One:
Standard P2 (base year)