

## Schedule A - Agreement and Policy Statement School Year 2021-2022

***Provide current information for the 2021-2022 School Year***

***Mark through incorrect information with a single line. Provide corrections.***

District LEA: \_\_\_\_\_ District: \_\_\_\_\_  
 Superintendent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 SFA Congressional District: 1st  2nd  3rd  4th

Child Nutrition Director: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 FSMC Company Name: \_\_\_\_\_  N/A  
 FSMC Contact person: \_\_\_\_\_

SY 2021-2022 District Totals # of schools: \_\_\_\_\_ Safety Net:  Yes  No  
 Regular: # of serving sites: \_\_\_\_\_ # of Schools w/Breakfast: \_\_\_\_\_ # of Schools w/Lunch: \_\_\_\_\_ # of Schools w/Afterschool Snack: \_\_\_\_\_  
 Regular Summer: # of serving sites: \_\_\_\_\_ # of Schools w/Breakfast: \_\_\_\_\_ # of Schools w/Lunch: \_\_\_\_\_ # of Schools w/Afterschool Snack: \_\_\_\_\_  
 Seamless Summer: # of serving sites: \_\_\_\_\_ # of Schools w/Breakfast: \_\_\_\_\_ # of Schools w/Lunch: \_\_\_\_\_ # of Schools w/Afterschool Snack: \_\_\_\_\_

School LEA: \_\_\_\_\_ School: \_\_\_\_\_ Grade Span: \_\_\_\_\_

Principal: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 School Phone: \_\_\_\_\_  
 Manager: \_\_\_\_\_  
 Manager Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Check the average number of days/week: 4 day  5 day   
 Year Round School:  Yes  No

Are Pre K meals served at this site?  Yes  No  
 If yes, claimed with CNU?  Yes  No

	Regular	Regular Summer	Seamless Summer	Paid	Prices Reduced	Adult
Breakfast:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Severe Need:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Lunch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Afterschool Snack						
Area Eligible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Non-Area Eligible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Please Select Yes or No						
Number of Serving Sites: _____			CEP: <input type="radio"/> Yes <input type="radio"/> No			
			Provision 2: <input type="radio"/> Yes <input type="radio"/> No			

### Select Your Menu Plan

Breakfast Menu Planning  
 PK  K-05  K-08  
 06-08  09-12  
 Lunch Menu Planning  
 PK  K-05  06-08  
 K-08  09-12

A= Grab/Go Cafeteria  
 B= Grab/Go Not Cafeteria  
 C= In Classroom  
 D= 2nd Breakfast Period  
 E= Other, Attach

Alternative Breakfast  
 Type of Breakfast \_\_\_\_\_

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. For CNU Staff Only

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Entered into Child Nutrition Database: \_\_\_\_\_ Entered into On-line Claim System: \_\_\_\_\_  
 Area Specialist initials MM/DD/YY Data Base Entry Initial and Date Claims Entry Initial and Date