

Schedule A

Agreement and Policy Statement School Year 2023-2024

District Name: _____

District LEA: _____

Child Nutrition Director: _____

of Schools: _____

FSMC Company Name: _____

of Schools w/Breakfast: _____

FSMC Contact Person: _____

of Schools w/Lunch: _____

School Calendar

Traditional(178 days)

Year Round(12month)

Alternative(hours)

4Day Week(143 days)

School: _____

School LEA: _____

Grade Span: _____

Manager: _____

Manager Phone #: _____ Ext: _____

Employed By: SFA FSMC

Number of Serving Sites: _____

Breakfast Menu Planning

Prices

Paid Reduced Adult

Standard

PK K-5 K-8

Breakfast: _____

CEP

6-8 9-12

Lunch: _____

P2

Lunch Menu Planning

PK K-5 K-8

Does this site offer Universal Free Breakfast?

Yes No

6-8 9-12

Does this site collect money for adult meals?

Yes No

Alternative Breakfast:

Preschool Meals:

Do you serve preschool meals? Yes No

Meals claimed through ADE, CNU? Yes No

Estimated PK Enrollment: _____

PK Start Date: _____ PK End Date: _____

Total Number of PK Days Served: _____

(a) Grab/Go Cafeteria

(b) Grab/Go Not in Cafeteria

(c) In Classroom (BIC)

(d) 2nd Chance Breakfast

(e) Other, Please Attach

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

Entered On-Line Claim System: _____
[Initials and Date]

Entered CN Database: _____
[Initials and Date]