County District Code OKLAHOMA STATE DEPARTMENT OF EDUCATION Name of School Food Authority (SFA) CHILD NUTRITION PROGRAMS (CNP) Street or Box PERMANENT APPLICATION NATIONAL SCHOOL LUNCH PROGRAM (NSLP), Town or City SCHOOL BREAKFAST PROGRAM (SBP), SPECIAL MILK PROGRAM (SMP), County AND/OR AFTER-SCHOOL SNACK PROGRAM (ASSP) Telephone E-Mail Fax Type of Institution: Public School Residential Child Care Institution (RCCI) Charter School ☐ Boarding School For RCCI/Boarding School Only: Total Enrollment: RCCI/Boarding School Provides Care for: Residential Students Only Both Residential and Nonresidential Students Total number of sites (accredited attendance units) administered by the SFA: Total number of sites (nonaccredited attendance units) administered by the SFA (i.e., Head Start sites, Even Start, 3. Total number of regular sites (attendance units) applying for: (c) SNB* Only (d) SMP (g) SFSP*** (b) SBP (f) CACFP**_ (a) NSLP (e) ASSP (Must complete Schedule A) Schedule A) Schedules A and C) Number 8 and Schedules A and D) Schedule A) Schedule A) Schedule A) * Severe Need Breakfast Program ** Child and Adult Care Food Program ***Summer Food Service Program for Children (b) Total number of eating sites the SFA operates for lunch (must match the number of boxes checked as eating sites under NSLP on Schedule A): (c) Total number of kitchen units (number of locations that actual food preparation is being done): (d) Estimated date program(s) will begin: (e) Estimated number of days meals will be served:

8.	For school districts applying for the SMP: The benefits of the SMP are extended to sites that do not participate in another federally assisted food service program authorized under the Child Nutrition Act or the National School Lunch Act. In addition, sites with a meal service may offer the SMP to preprimary and split-session kindergarten children who do not have access to the meal service. Within the SMP, three program choices exist. Select the program you wish to implement by checking the appropriate box.									
	☐ Nonpricing Program	 All children are served milk free of charge, and all milk served is claimed for reimbursement at the rate established by the United States Department of Agriculture (USDA). 								
	Option 1 Pricing Program	 Children whose family size/income falls within the free guidelines are served free milk. Reimbursement is claimed for the average cost of milk served free to eligible children. Children who are not eligible for free milk pay for the milk received, and reimbursement is claimed for paid milk at the rate established by USDA. 								
	Option 2 Pricing Program	 All children are charged for milk served regardless of family size/income. All milk served is claimed for reimbursement at the rate established by USDA. 								
9.		n the Permanent Application, Permanent Agreement, Permanent Policy obbying for the Child Nutrition Programs indicated in Item 3?								
10.	A completed Certificate of Authority/Aut and agreement.	norized User Form with original signatures must accompany the application								
clai Pro serv	med only for meals served to children gram, After-School Snack Program, Seam	s true and correct to the best of my knowledge, that reimbursement will be participating in the National School Lunch Program, School Breakfast ess Summer option, and/or Fresh Fruit and Vegetable Program and for milk Milk Program (if applicable), and that this SFA does not discriminate on the or disability.								
	SCHOOL FOOD AUTHORITY	STATE DEPARTMENT OF EDUCATION								
	Signature of Superintendent	Signature of Child Nutrition Programs								
Dat	e:	Date:								

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School District Name:			PAGEOF
County District Code:			PAGES. PLEASE MAKE
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OKLAHOMA STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS SCHEDULEA—LIST OF SITES TO

NATIONAL SCHOOL LUNCH PROGRAM (NSLP), SCHOOL BREAKFAST PROGRAM (SBP), SPECIAL MILK PROGRAM (SMP), AFTER-SCHOOL SNACK PROGRAM (ASSP), SUMMER FOOD SERVICE PROGRAM FOR CHILDREN (SFSP), AND/OR CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AGREEMENT

Site Code	Accredited Site (Y/N)	Name of Sites (Attendance Unit)	NSLP (Must agree with 3a of page 1)		agree with page 1)	page 1) free/reduced-price lunch in 2012-2013		of (Served at least 40% free/reduced-price lunch in 2012-2013) (Must agree with 3c of		IP* gree with page 1)	(Must agr	SSP ree with 3e age 1)	school site also partici- pates in CACFP	SFSP	
1				Highest Grade Partici- pating at This Site	Check If Eating Site	Highest Grade Partici- pating at This Site	Check If Eating Site	Grade Partici- pating at	Highest Grade Partici- pating at This Site			Lowest Grade Partici- pating at This Site		(Must agree with 3f of page 1)	(Must agree with 3g of page 1)

^{*}Students who have access to the NSLP, SBP, or ASSP are not allowed to participate in the SMP.

SCHEDULE B

		AVE	CRAGE MEAL CO	OST FORMU	JLA	
Student Lunch:	FULL-PRICE CHA	RGE: (Most freque	ent charged price) High School	REDUCE	D-PRICESTUDI	ENT CHARGE:
Student Lunch:	\$			Lunch:	\$	(Not to exceed 40¢)
Student Breakfast:	\$			Breakfast:	\$	(Not to exceed 30¢)
Student Snack:	\$			Snack:	\$	(Not to exceed 15¢)
Student Breakfast: Student Snack: Adult Lunch: Adult Breakfast:	\$			MINIMUM MEALS:	AREQUIREME	NTTO CHARGEADULT/CONTRACT
Adult Breakfast:	\$					
Adult Snack:	\$			Breakfast-	–Free Regular B	reakfast Rate
				Lunch—Fr	ree Regular Lun	ch Rate Plus Value of Commodities
Staff Lunch:	\$			Snack—Fr	ee Snack Rate _	
Staff Breakfast:	\$					
Staff Snack:	\$					
Special Milk Program	m: \$(Pricing	Programs Only—	does <i>NOT</i> refer to à la	carte sales)		
If the SFA is charging in the space provided	g its paying students less	than what the paid charged meets the l	lunch equity (PLE) ha PLE tool minimum. <i>N</i>	d indicated, then		xplain (and maintain supporting documentation) the difference between the free reimbursement

SCHEDULE C

OKLAHOMA STATE DEPARTMENT OF EDUCATION

CHILD NUTRITION PROGRAMS APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE 2014-2015 SCHOOL YEAR

		County District Code										
2	Complete only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed.											
1 1 1	(1)		Lunches Serv	ed in 2012-2013		(6)						
	Severe Need Site Name (List each site within the district wishing to participate in Severe Need)	(2) Number of Free Lunches Served in 2012-2013 School Year	(3) Number of Reduced-Price Lunches Served in 2012-2013 School Year	(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2012-2013 School Year	Percentage Free and Reduced-Price Lunches Served in 2012-2013 School Year* (Column [4] divided by Column [5])							
-												
	Name of Authorized Repr	resentative:	Date:									

^{*} Sites with 40 percent or more free and reduced-price lunches served in the second preceding year qualify as a Severe Need site. Must agree with Schedule A of agreement.

SCHEDULE D

OKLAHOMA STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS APPLICATION FOR SNACK REIMBURSEMENT

		School Food	· ·			County	District Code
OMPLETE ONLY	FREI		<u> </u>				
(1) Site Code	(2) Site Name (List each site within the district wishing to participate in the Snack Program)	(3) Number of Enrolled Students Eligible for Free Meals in October 2013	(4) Number of Enrolled Students Eligible for Reduced-Price Meals in October 2013	(5) Total Free and Reduced- Price Eligible Students (Column [3] plus Column [4])	(6) Total Enrollment	(7) Percentage Free and Reduced-Price Eligibles in October 2013 (Column [5] divided by Column [6])*	(8) Purpose of After-School Program (Must be educational or enrichment)
Name of Aut	horized Representative	e:			Date:		

^{*}Sites with 50 percent or more free and reduced-price eligible students qualify to claim all snacks served at the free rate of reimbursement.

COMPLIANCE WITH CIVIL RIGHTS ACT OF 1964

This questionnaire must be completed and returned before any action can be taken on your application. Use additional pages if needed.

1. Estimate the racial composition of the area served by the program.

	School Food Authority	Mark One Ethnic Identify: Hispanic or Latino Not Hispanic or Latino		Asian	White	Black or African American	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander			
2.	Estimate the racial composition of the enrollment for each site.										
	School Site	Mark One Et	hnic Identify:	Asian	White	Black or African	American Indian or	Native Hawaiian or			

		Hispanic or Latino	Not Hispanic	-		American	Alaska	Other Pacific Islander
H		mopanic of Laufio	or Latino				Native	
		•						
3.	Are there any membership requirements to	that must be m	net prior to a	dmission	to the SF	A?	Yes	☐ No
	If yes, please describe:							
l.	Has the SFA ever been found to be in non Yes No	compliance of	f civil rights	by any fe	deral pro	ogram?		
	If famich details.							
	If <i>yes</i> , furnish details:							
	Are funds received from other federal/sta	ate agencies?	☐ Ves [\bigcap_{N_0}				
··	Are funds received from other rederal/sta	ne agencies:						
	If yes, list the agencies and the amounts r	received:						
	Signature of Authorized Representative		School I	Food Auth	ority			
	Date		Address					

OKLAHOMA STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS (CNP) CERTIFICATE OF AUTHORITY/AUTHORIZED USER FORM

COUNTY DISTRICT COD	E			
COUNTY				
SCHOOL FOOD AUTHOR	RITY			
This is to certify that	(Tour on Driet Name)	,	whose signature appears belo	ow, is the designated
authorized representative of				
the Oklahoma State Departm	nent of Education (OSDE)	which may be	a prerequisite to the installat	ion and/or operation
of a National School Lunch	Program (NSLP), School	Breakfast Prog	ram (SBP), Special Milk Pro	gram (SMP), After-
School Snack Program (ASS	P), Child and Adult Care F	Food Program (CACFP), and/or Summer Fo	od Service Program
for Children (SFSP) in the Sc	chool Food Authority (SFA	a) shown above	, and may act for the governing	ng body in preparing
and signing other documents	s, reports, and claims for re	eimbursement j	pertaining to the installation	and operation of the
program(s).				
Governing Body				
(President,	Clerk, or Other)		(Signature of Authorized Re	presentative)
Title:	Date:	Title:		
MAILING ADDRESS TO	BE USED FOR ALL CO	ORRESPOND	ENCE FROM THIS OFFI	CE:
(Street or Box)			(State)	(Zip Code)

The Authorized Representative signs or electronically transmits and accepts responsibility for the monthly claim for reimbursement and receives all correspondence from this office. The name of this person should appear, typed or printed, at the top of the page; this person should sign on the *Signature of Authorized Representative* line. A member of the Board of Education should sign on the *President, Clerk, or Other* line. A stamped signature is not acceptable unless that signature is registered with the Secretary of State.

Oklahoma State Department of Education Child Nutrition Programs Section, Room 310 2500 North Lincoln Boulevard Oklahoma City, Oklahoma 73105-4599