

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. Do you agree to follow all provisions in the Permanent Application, Permanent Agreement, Permanent Policy Statement, and Certification Regarding Lobbying for the Child Nutrition Programs indicated in Item 3?
 Yes No

10. A completed Certificate of Authority/Authorized User Form with original signatures must accompany the application and agreement.

I CERTIFY that the completed information is true and correct to the best of my knowledge, that reimbursement will be claimed only for meals served to children participating in the National School Lunch Program, School Breakfast Program, After-School Snack Program, Seamless Summer option, and/or Fresh Fruit and Vegetable Program and for milk served to children participating in the Special Milk Program (if applicable), and that this SFA does not discriminate on the basis of race, sex, color, national origin, age, or disability.

SCHOOL FOOD AUTHORITY

STATE DEPARTMENT OF EDUCATION

Signature of Superintendent

Signature of Child Nutrition Programs

Date: _____

Date: _____

SCHEDULE B AVERAGE MEAL COST FORMULA

FULL-PRICE CHARGE: (Most frequent charged price)

	<i>Elementary School</i>	<i>Middle School</i>	<i>High School</i>
Student Lunch:	\$ _____	_____	_____
Student Breakfast:	\$ _____	_____	_____
Student Snack:	\$ _____	_____	_____
Adult Lunch:	\$ _____	_____	_____
Adult Breakfast:	\$ _____	_____	_____
Adult Snack:	\$ _____	_____	_____
Staff Lunch:	\$ _____	_____	_____
Staff Breakfast:	\$ _____	_____	_____
Staff Snack:	\$ _____	_____	_____

REDUCED-PRICE STUDENT CHARGE:

Lunch: \$ _____ (Not to exceed 40¢)
 Breakfast: \$ _____ (Not to exceed 30¢)
 Snack: \$ _____ (Not to exceed 15¢)

MINIMUM REQUIREMENT TO CHARGE ADULT/CONTRACT MEALS:

Breakfast—Free Regular Breakfast Rate _____
 Lunch—Free Regular Lunch Rate Plus Value of Commodities _____
 Snack—Free Snack Rate _____

Special Milk Program: \$ _____ (Pricing Programs Only—does **NOT** refer to à la carte sales)

If the SFA is charging its paying students less than what the paid lunch equity (PLE) had indicated, then the SFA must explain (and maintain supporting documentation) in the space provided how the average that is charged meets the PLE tool minimum. *New school districts must charge the difference between the free reimbursement rate and the paid reimbursement rate for a full-price (paid) student lunch meal.*

SCHEDULE C

OKLAHOMA STATE DEPARTMENT OF EDUCATION

CHILD NUTRITION PROGRAMS

APPLICATION FOR SEVERE NEED BREAKFAST REIMBURSEMENT FOR THE _____ SCHOOL YEAR

School Food Authority

County District Code

Complete only for schools for which Severe Need Breakfast (SNB) reimbursement is claimed.

(1) Severe Need Site Name (List each site within the district wishing to participate in Severe Need)	Lunches Served in 2012-2013			(5) Total Free, Reduced-Price, and Full-Price Lunches Served in 2012-2013 School Year	(6) Percentage Free and Reduced-Price Lunches Served in 2012-2013 School Year* (Column [4] divided by Column [5])
	(2) Number of Free Lunches Served in 2012-2013 School Year	(3) Number of Reduced-Price Lunches Served in 2012-2013 School Year	(4) Total Free and Reduced-Price Lunches Served (Column [2] plus Column [3])		
Name of Authorized Representative:				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 Authority

County District Code

COMPLETE ONLY FOR SITES WITH AFTER-SCHOOL PROGRAMS FOR WHICH SNACK REIMBURSEMENT WILL BE CLAIMED.

(1) Site Code	FREE/REDUCED-PRICE ELIGIBLES BY SITE FOR OCTOBER					(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)
	(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 last October	(4) Number of Enrolled Students Eligible for Reduced-Price Meals in last October	(5) Total Free and Reduced- Price Eligible Students (Column [3] plus Column [4])	(6) Total Enrollment		
Name of Authorized Representative:					Date:		

⁶ *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:		Asian	White	Black or African American	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
	Hispanic or Latino	Not Hispanic or Latino					

2. Estimate the racial composition of the enrollment for each site.

School Site	Mark One Ethnic Identify:		Asian	White	Black or African American	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
	Hispanic or Latino	Not Hispanic or Latino					

3. Are there any membership requirements that must be met prior to admission to the SFA? Yes No

If yes, please describe: _____

4. Has the SFA ever been found to be in noncompliance of civil rights by any federal program?
 Yes No

If yes, furnish details: _____

5. Are funds received from other federal/state agencies? Yes No

If yes, list the agencies and the amounts received: _____

 Signature of Authorized Representative

 School Food Authority

 Date

 Address

 City, State, Zip Code

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
USER ACCOUNT FORM/CERTIFICATE OF AUTHORITY**

Agreement #/County & District Code: _____ **County:** _____

Name of School/Institution: _____

Street Address: _____

City, State, Zip: _____ **Phone #:** _____

First Name: _____ **Middle Initial:** _____ **Last Name:** _____ **DOB:** _____

Email Address: _____

Please indicate which Child Nutrition Program systems (check all that apply):

CARS Applications (Schools ONLY)

CARS Claims(Schools ONLY)

NSLP Admin Review (Schools ONLY)

CACFP Applications

CACFP Claims

Summer Food Service Program

Type of User: _____

Security Question: _____ **Answer:** _____

Choose a 4-digit Personal Identification Number (PIN): _____

Signature of User: _____ **Date:** _____

Note: This section is required ONLY if the Authorized Representative/Billing Entity User/Director is selected as the "Type of User" above.

This is to certify that _____ whose signature appears below, is a designated Authorized Representative (AR) of the school/institution shown above and is fully empowered to enter into any agreement with the Oklahoma State Department of Education (OSDE) which may be a prerequisite to the installation and/or operation of a National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), After- School Snack Program (ASSP), Child and Adult Care Food Program (CACFP), and/or Summer Food Service Program (SFSP) in the School/Institution shown above, and may act for the School/Institution in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the program(s).

The AR 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 must appear, typed or printed above; this person must also sign on the Signature of Authorized Representative line. A signature of the Superintendent, Board President/Member, Executive Director, Owner or other is required for approval of this AR on the Signature of Approval Official line. A stamped signature is not acceptable unless that signature is registered with the Secretary of State.

Signature of Authorized Representative Title Date

Signature of Approving Official Title Date