

**RENEWAL OF AGREEMENT  
2010-2011 SCHOOL YEAR  
BETWEEN SCHOOL FOOD AUTHORITY (SFA) AND  
ARKANSAS DEPARTMENT OF EDUCATION (ADE)**

District: \_\_\_\_\_ LEA No.: \_\_\_\_\_  
 School Superintendent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 County: \_\_\_\_\_ Phone Number: \_\_\_\_\_

<p><b>NATIONAL SCHOOL LUNCH PROGRAM (NSLP)</b></p> <p>_____ Regular Session _____        Dates: Beginning Ending        Number of serving days: _____</p> <p>_____ ADE <i>Regular</i> Summer Session _____        Dates: Beginning Ending        Number of serving days: _____</p>	<p><b>SCHOOL BREAKFAST PROGRAM (SBP)</b></p> <p>_____ Regular Session _____        Dates: Beginning Ending        Number of serving days: _____</p> <p>_____ ADE <i>Regular</i> Summer Session _____        Dates: Beginning Ending        Number of serving days: _____</p>
<p><b>*AFTERSCHOOL SNACK PROGRAM (ASP)</b></p> <p>_____ Regular Session _____        Dates: Beginning Ending        Number of serving days: _____</p> <p>_____ ADE <i>Regular</i> Summer Session _____        Dates: Beginning Ending        Number of serving days: _____</p> <p><b>*This program requires a separate Schedule B.</b></p>	<p><b>**SPECIAL MILK PROGRAM</b></p> <p>_____ Regular Session _____        Dates: Beginning Ending        Number of serving days: _____</p> <p>_____ ADE <i>Regular</i> Summer Session _____        Dates: Beginning Ending        Number of serving days: _____</p> <p><b>**Available only if NSLP and SBP are not available.</b></p>
<p><b>*ADE SEAMLESS SUMMER OPTION (SSO) (for Summer 2011)</b></p> <p>_____ Breakfast: _____ _____        Dates: Beginning Ending        Number of serving days: _____</p> <p>_____ Lunch: _____ _____        Dates: Beginning Ending        Number of serving days: _____</p> <p>_____ Snack: AM PM _____ _____        Dates: Beginning Ending        Number of serving days: _____</p> <p>_____ Supper: _____ _____        Dates: Beginning Ending        Number of serving days: _____</p> <p><b>*This program requires a separate Seamless Summer Schedule C-11. Contact Child Nutrition Unit for details.</b></p>	

<p><b>Optional Agreement and Policy Statement Revisions</b> for the 2010-11 School Year. Check Yes if revisions are attached, check No if no revisions made from 2006-07 Original Agreement and Policy Statement</p> <p><b>YES NO</b></p> <p>_____ Civil Rights</p> <p>_____ Wellness Policy</p> <p>_____ Food Safety/HACCP Plan</p> <p>_____ Meal Count/Collection Procedures</p>	<p><b>Optional Agreement Revisions</b> for the 2010-11 School Year. Check Yes if revisions are attached, check No if no revisions made from 2009-10 Renewal Agreement and Policy Statement</p> <p><b>YES NO</b></p> <p>_____ Procurement Procedures</p> <p>_____ New or Renewed Beverage/Vending Contracts*</p> <p><small>* All new or renewed beverage/vending contracts must be sent to ADE/CNU as part of the Renewal of Agreement and must comply with Arkansas Nutrition Standards.</small></p>
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Name: \_\_\_\_\_ **Original Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Superintendent (type or print)

Name: \_\_\_\_\_ **Original Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 District Child Nutrition Director (type or print)

PERSON OTHER THAN SUPERINTENDENT AUTHORIZED TO SIGN CLAIM FOR REIMBURSEMENT

Name: \_\_\_\_\_ **Original Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
 (type or print) (Title)

**Return both sets by May 21st to:** ARKANSAS DEPARTMENT OF EDUCATION  
 ADE, CHILD NUTRITION UNIT  
 2020 West Third, Suite 404  
 Little Rock, AR 72205-4665

APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director, Child Nutrition Unit