

SFA/School District: _____

LEA #: _____

Child Nutrition Renewal Agreement & Policy Statement Checklist 2016-2017

Return the following materials to Child Nutrition Unit by May 20, 2016:

P2 CEP Charter
Area Specialist

2 Original Copies	Original Signatures of:		CNU use only Complete NA		CNU Notes:	
One copy of this Checklist (yellow/salmon/blue)						
Renewal of Agreement (green)	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND				
CN Program Schedule A (Completed by SFA/LEA)	<input type="checkbox"/> Menu Planner and/or	<input type="checkbox"/> CND				
<i>Each school information completed and Schedule A signed by CND and/or Menu Planner</i>						
Paid Lunch Equity Tool (PLE)	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND				
Agreement Attachments / Assurances: (green)						
Menu Planning Attestation	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND				
Health Inspection Report		<input type="checkbox"/> CND				
Wellness Committee Members	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND				
Civil Rights Attestation						
Professional Standards Checklist						
FSMC/Consultant Questionnaire	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND				
Renewal of Policy Statement	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND				
Policy Statement Attachments: (white)						
Meal Count and Collection Procedures						
CN Contact Information Page						
Online Claims Personnel						
Computer Information						
Forms and Letters (return only if changes are made to prototype)						
Media Release (return only if changes are made to prototype)						
<i>If applicable also return 2 original copies:</i>						
Changes to Forms and Letters (including scanned applications)					Revised Applications Yes No	
					Revised Letters Yes No	
Afterschool Snack Schedule B (purple)	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND			To SS	
Seamless Summer Option Schedule C-17 (pink)	<input type="checkbox"/> Superintendent	<input type="checkbox"/> CND			To SS	

ALL OF THE ABOVE MUST HAVE ORIGINAL SIGNATURES, NOT COPIES OR STAMPS OF SIGNATURES.
 THE ABOVE FORMS WILL BE SIGNED BY THE ADE/CNU DIRECTOR, SUZANNE DAVIDSON.
 ONE SIGNED COPY WILL BE RETURNED TO THE SCHOOL DISTRICT FOR DISTRICT RECORDS.

Return completed materials by **MAY 20, 2016**
 ADE/CNU • 2020 West 3rd Street, Suite 404 • Little Rock AR 72205

Date Received in CNU