

Schedule A

Agreement and Policy Statement

School Year 2026-2027

District Name: _____

District LEA: _____

Child Nutrition Director: _____

of Schools: _____

of Schools w/Lunch: _____

of Schools w/Breakfast: _____

School Calendar Please attach a calendar if using an alternate schedule.

Traditional(178 days)

Year Round(12month)

Alternative(hours)

4Day Week(143 days)

RCCI, Operating Year Round

School: _____

School LEA: _____

Grade Span: _____

Manager: _____

Manager Phone #: _____ **Ext:** _____

Employed By: **SFA** **FSMC**

Number of Serving Sites:

Breakfast Menu Planning

Meal Prices Reduced Paid Adult

Standard

PK K-5 K-8

CEP

6-8 9-12

Breakfast: _____ _____ _____

P2

Lunch Menu Planning

Lunch: _____ _____ _____

RCCI

PK K-5 K-8

6-8 9-12

Does this site collect money for adult meals?

Yes

No

Alternative Breakfast:

(a) Grab/Go Cafeteria

(b) Grab/Go Not in Cafeteria

(c) In Classroom (BIC)

(d) 2nd Chance Breakfast

(e) Other, Please Attach

If no, attach the process utilized to ensure the Non-profit account funds are not utilized to support adult meals.

Does this site utilize OVS?

Yes

No

Does this site have a certified food protection manager?

Yes

No

Does this site have a certified manager?

Yes

No

NA, Private School or RCCI

If no, is the manager in the process of being certified?

Yes

No

NA, Private School or RCCI

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]