

The University of the State of New York  
 NEW YORK STATE EDUCATION DEPARTMENT  
 Child Nutrition Program Administration  
 355 Harlem Road  
 West Seneca, NY 14224-1892

Telephone: (716) 821-7350 Fax: (716) 821-7357  
 Web address: www.nysed.gov/cn/cnms.htm

**2007-08 PROGRAM ADDITION**  
 School Food Authority and/or Recipient Agency  
 (See instructions on back of this form)

**THIS FORM TO BE USED FOR EXISTING SCHOOL FOOD AUTHORITIES  
 AND/OR RECIPIENT AGENCIES ONLY**  
 (Please allow 4-8 weeks for processing)

1. SFA LEA Code 

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 2. SFA Name \_\_\_\_\_  
 and Address \_\_\_\_\_

3. SFA Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

4. Program(s) to be added  Breakfast (B) (attach menu)  Lunch (L) (attach menu)  Milk (M)

**NOTE: If the program(s) selected in #4 above is new to your SFA, program agreement(s) must also be submitted with this form for the applicable program.**

5. Recipient Agency Information

A Recipient Agency Name/Physical Address (no PO boxes please)	B Recipient Agency LEA Code	C B L M	D Grade Span in Building	E Program Start and End Dates		F Offer vs. Serve (B and L only)		G Meal Service Times (B and L only)		H Estimated Average Daily Participation (B and L only)	
				Start mm/dd/yy	End mm/dd/yy	Yes	No	From	To	B	L
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6. **CERTIFICATION:** I hereby certify that this School Food Authority and participating schools under its jurisdiction are non-profit schools and shall comply with all applicable Federal and State laws and regulations, including 7 CFR parts 210, 215, 220 and 245, and policies prescribed by the US Department of Agriculture and the NYS Education Department.

Print Name and Title \_\_\_\_\_ Original Signature \_\_\_\_\_ Date \_\_\_\_\_

**NEW YORK STATE EDUCATION DEPARTMENT USE ONLY**

Approved by: _____ Date: _____		Associate: _____ Date: _____	
Effective Operating Dates (if different from above, please specify)	Signed copy of Program Agreement: <input type="checkbox"/> is attached <input type="checkbox"/> n/a already in program  Date to Associate: _____		
Name of staff member who conducted new program visit and date of visit (if applicable): _____	cc: <input type="checkbox"/> SFA <input type="checkbox"/> Region <input type="checkbox"/> SMI <input type="checkbox"/> Associate File <input type="checkbox"/> Breakfast Exemption Contact <input type="checkbox"/> File  To: _____ For processing on (date): _____  Entered on CNMS: _____ (initial and date) _____ Approval letter date: _____ Date sent to SFA: _____		

**Submit this form by fax or mail in its entirety (retain a copy for your file) to the address located on the top left of the application.**

### **GUIDELINES FOR COMPLETION OF PROGRAM ADDITION FORM**

1. SFA LEA Code - Please enter the School Food Authority (SFA) Local Educational Agency (LEA) Code.
2. SFA Name and Address – Enter the sponsoring agency name and address of the SFA.
3. SFA Contact – The contact person should be an SFA employee designated for this role. **Management Company employees are not allowed to be contacts.** Provide a work telephone number where the person may be reached as well as the fax number and e-mail address.
4. Programs to be added – Please check the applicable box and provide a current menu for the program(s) being added. A different form is required for snack. For the snack application you may go to our website: [www.nysed.gov/cn/cnms.htm](http://www.nysed.gov/cn/cnms.htm) to obtain a copy by going to "Forms" (in the blue column) then selecting "2007-08 Snacks and After School Care Programs". Print the form, complete it and send it to your program representative for review and approval. You may also contact your program representative for the applicable form.
5. Recipient Agency Information:
  - A. Recipient Agency Name and Physical Address – List the full legal name and physical address of each recipient agency adding a program. **(no PO boxes please)**
  - B. Recipient Agency LEA Code – Indicate the LEA Code for each recipient agency adding a program.
  - C. B,L,M – Indicate by letter B (Breakfast), L (Lunch), M (Milk) for the program(s) being added.
  - D. Grade Span in Building - Indicate grades enrolled in each building (e.g. K-5) or ung. for ungraded sites.
  - E. Program Start and End Dates – Indicate the beginning month, day and year and the ending month, day and year (e.g. 09/01/07-06/30/08).\*
  - F. Offer vs. Serve – Indicate whether or not offer vs. serve will be implemented for the new program (breakfast and/or lunch only).
  - G. Meal Service Times – Record the time when meal service begins and when it ends (breakfast and/or lunch only).
  - H. Estimated Average Daily Participation – Estimate the number of meals to be served daily (breakfast and/or lunch only).
6. CERTIFICATION – Please print name and title, provide an original signature and date this form. This person should be an SFA employee (not management company employee), authorized by the SFA to act as an official for that agency.

**\*Please be advised:** Filing this application in a timely manner is very important as programs to be added are only approved retroactively one month prior to the date this application was received in our office. For example, if we receive this form on December 15, 2007, your approved start date for claiming purposes will be November 2007, even if you indicated an earlier start date and served meals in prior months.

In addition, if you do not begin the program being added until after the beginning of the school year, (i.e., January 2008), you must attach a letter with this form on your school's letterhead indicating the regular operating dates for the following school year (i.e., July-June or September – June). For schools that you wish to operate in the summer months, you must also describe in detail the type of program (academic, recreational, etc.) that will be offered during these months.