



**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.