



Capitol Square 550 Cedar Street  
Saint Paul, Minnesota 55101 612/296-6104

612/296-6986 800/366-8922

**SCHOOL NUTRITION PROGRAMS  
1995-96 MEMORANDUM OF APPROVAL**

TO: School District, Nonpublic School, or Residential Child Care Institution  
Participating In School Nutrition Programs

FROM: Joseph Lee, Application Coordinator  
School Nutrition Programs

DATE: July 1995

SUBJECT: 1995-96 Approval for School Nutrition Programs

AGREEMENT NUMBER: 1 - 031 - 000 - 3 (Please use agreement # on all correspondence)

The district, school, or institution identified by the above agreement number is approved, as indicated by site on the 1995-96 School Nutrition Programs Application/Update, for the following programs through June 30, 1996:

- National School Lunch Program
- \* School Breakfast Program
- "33-40%" Breakfast Payments (State)

Severe Need Reimbursement (Federal) - If any of your sites are eligible for severe need breakfast reimbursement, a separate letter will be sent to confirm qualifying sites and the rate of reimbursement for these breakfasts.

Split-Session Kindergarten and/or Prekindergarten Option(s) of the Special Milk Program

Minnesota Kindergarten Milk Program

A revised Monthly Payment Voucher form (now the Monthly Claim for Reimbursement) and revised instructions for filling out claim forms will be sent in September 1995.

Enclosed are:

- A copy of your Application/Update, showing any changes or corrections
- "...And Justice For All" poster(s) for display at each site

\* If you submitted an Attachment C (a request for an exemption from offering breakfast) for one or more sites, your request is being evaluated and you will be notified of approval or denial.





Food and Nutrition Service  
 Capitol Square - 550 Cedar  
 St. Paul, MN 55101-2273

SCHOOL NUTRITION PROGRAMS  
 APPLICATION / UPDATE

ED-02123-02

DUPLICATE: 6/30/95

GENERAL INFORMATION: This form is an APPLICATION or an UPDATE to a previous year's application to participate in a combination of the following programs as indicated for each site on the Site List section of this form: National School Lunch Program (NSLP) (includes Food Distribution Program), School Breakfast Program (SBP), Split-Session Kindergarten or Prekindergarten options of the Special Milk Program (SMP), and the Minnesota Kindergarten Milk Program (MKMP). Each site may apply to participate in the NSLP and/or SBP, and also claim milk reimbursement for kindergarteners and prekindergarteners who do not have access to the NSLP or SBP. All sites with split-session kindergarten are eligible to participate in the MKMP. If applying for milk programs only, complete Form ED-02126 instead of this form. To apply for USDA commodities only (instead of meal reimbursements), contact the Food and Nutrition Service for information about the Commodity School Program.]

This application is in accordance with the PERMANENT AGREEMENT (ED-02120) between the School Food Authority (SFA) and the Minnesota Department of Education, Food and Nutrition Service (State Agency). The U.S. Department of Agriculture (USDA) regulations governing federal meal and milk programs are 7 Code of Federal Regulations (CFR) parts 210, 215, 220, 245, and 250. The MKMP is authorized by Minnesota Statutes, Section 124.648. The Catalog of Federal Domestic Assistance numbers, required for audit purposes, are: NSLP-10.555, SBP-10.553, SMP-10.556, FBP-10.550.

INSTRUCTIONS: Complete and sign. If applying only for NSLP and/or SBP, complete Parts I, III, (if applicable) and IV. If applying for meal and milk programs, complete entire application. Return the signed original, with any required attachments, to the above address, before June 30, 1995. A COPY OF YOUR ACCEPTED APPLICATION SHOWING ANY CHANGES OR CORRECTIONS, WILL BE RETURNED FOR YOUR RECORDS.

SCHOOL FOOD AUTHORITY IDENTIFICATION

School Food Authority (District Name, Nonpublic School or Institution)		Agreement Number (from last year)
BEMIDJI AREA SCHOOL, ISD #31		1 0 3 1 0 0 0 3
Address (Street, City, Zip Code)		
201 15TH STREET NW BEMIDJI 56601		
Responsible Authority	Title	Telephone Number
WAYNE HAUGEN	SUPERINTENDENT	(218)759 - 3110
Head of Food Service	Title	Telephone Number
MARLEEN WEBB	FOOD SERVICE COORDINATOR	(218)759 - 3125
Contact Person (if different from above)	Title	Telephone Number
SAME AS ABOVE		( ) -

I. APPLICANT INFORMATION

QUESTIONS 1 THROUGH 11 MUST BE ANSWERED BY ALL APPLICANTS.

1. Check all applied for:  National School Lunch Program - # of Sites 13  
 School Breakfast Program - # of Sites 13  
 Severe Need Rate of Reimbursement - # of Sites 11  
\$1.23 Cost per meal to prepare breakfast  
 Refer to enclosed list of "Severe Need" sites, Attachment A. Cost per meal can be districtwide cost or attach sheet showing cost by site. Cost documentation must be kept on file.  
 State "33-40" Breakfast Payments - # of Sites 1 (Refer to list of sites that had at least 33% but less than 40% free/reduced price lunch participation in 1993-94 - Attachment B.) (See Section III, Page 4)  
 Special Milk Program (See page 3)  
 Split Session Prekindergarten Option - # of Sites       
 Split Session Kindergarten Option - # of Sites       
 Other - # of Sites      (For other grades that do not participate in a meal program - COMPLETE FORM ED-02126 INSTEAD OF THIS FORM FOR THOSE SITES.)  
 Minnesota Kindergarten Milk Program - # of Sites 3 (See page 3)

2. Will the sample state agency forms (free/reduced price meal application, household letter, and household notification) be used?  YES  NO If NO, attach copies for approval.       Copies attached

3. Will free/reduced price meal eligibility information be used to determine eligibility for other benefits?  YES  NO If YES, see memorandum 2 for requirements that must be met before sharing information and list the "other benefits" that are provided. TITLE I ELIGIBILITY BY SCHOOL BUILDING

4. Determining Official/Hearing Official:  
 [NOTE: If a residential child care institution with no day students, do not complete this item.]  
 The official designated for school year 1995-96 to review applications and make determinations of eligibility for free and reduced price meals or free milk is:  
MARLEEN WEBB FOOD SERVICE COORDINATOR  
 Determining Official's Name Title  
 The official designated for the school year 1995-96 to hear appeals from families denied free or reduced price meals or free milk is:  
WAYNE HAUGEN SUPERINTENDENT  
 Hearing Official's Name Title

\*The hearing official must not be involved in original eligibility determinations and should hold a position at a higher administrative level than the determining official.

5. Collection and Accountability Procedure:

Respond by checking "YES," if applicable to all sites or "NO" if not applicable to one or more sites. If there are any "NO" answers to items A thru J, attach explanation.

- |    | <u>YES</u>                          | <u>NO</u>                           |  |
|----|-------------------------------------|-------------------------------------|--|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are meals monitored at the end of the serving line(s) by ticket taker/checker/cashier to ensure they are reimbursable?   |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are meal counts taken (tickets collected, checklists checked, meal cards punched/scanned, etc.) at the end of the serving line(s) (point of service)?  |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are all five required food items for lunch (four for breakfast) served/offered before meal counts are taken?   |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | If there are nonreimbursable meals, are they entered as a la carte sales? (Leave blank if all meals are reimbursable.)   |
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are meal counts, by category (free, reduced price, and paid), obtained on a daily basis?   |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are monthly claims for reimbursement based on daily meal counts?   |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Will the SFA monitor the collection and accountability procedure through at least one documented on-site review of each school/site? (An on-site review form is attached to this application.)   |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Are meal/milk payments collected in a manner that protects the anonymity of students paying for reduced price meals and students qualifying for free meals?<br>How are meal/milk payments collected? <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Post-billing system <input checked="" type="checkbox"/> Cash in line<br><input type="checkbox"/> Other (Explain) _____ |
| I. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Is the medium of exchange (cards, tokens, etc.) distributed in a manner that protects the anonymity of students qualifying for free and reduced price meals?   |
| J. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Does the appearance of the medium of exchange (code, color, etc. of card or ticket) or checklist protect the anonymity of students receiving free and reduced price meals?   |
| K. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Are any sites applying for approval of an alternate to the point of service? If "YES," complete an "Alternative to the Point of Service Count Request" form.   |
| L. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Will Claims for Reimbursement be transmitted electronically (via EDRS)? If "YES," sign and enclose the EDRS Certification Statement with this application or submit at any time that you begin transmitting claims electronically.   |

Name of Person Submitting Claim Electronically: KATE LALONE

6. Contracts/Agreements:

- |    | <u>YES</u>               | <u>NO</u>                           |   |
|----|--------------------------|-------------------------------------|---|
| A. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you have any school/institution listed on the Site List managed under contract with a Food Service Management Company?<br>Name of Company: _____<br>If "YES," Federal regulations MUST be followed. The Federal regulations are available from the Food and Nutrition Service upon request. See your copy of Agreement (ED-02120) for list of contract provisions that must be included.   |
| B. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you purchase meals under a Catering Agreement from another SFA or from a commercial vendor? Name of SFA/Commercial Vendor: _____   |
| C. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you claim meals under a Joint Agreement with another school(s)/institution(s)? (If "YES," include school(s)/institution(s) on Site List.) If nonpublic, attach a copy of the letter determining tax exemption under the U.S. Internal Revenue Service Code 501(c)(3). If nonpublic residential child care institution, attach copy of current DHS license.<br>Write in number of sites with joint agreements: _____<br>Organization Names: _____ |
| D. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you provide food service under a Catering Agreement to any sites other than those legally administered by the SFA or those mentioned above in Item C? (For example, Headstart, Day Care Center, Senior Citizens Center, etc.) If "YES," list below. Meal charges for catered meals must cover the food service's costs of producing the meals.<br>Write in number of organizations catered to: _____<br>Organization Names: _____                |

OTE: One copy of each agreement, except for catering agreements listed under D, must be attached to this Application unless already submitted. Contact the State Agency for a sample Catering Agreement or Joint Agreement.

7. Employee/Wage Information:

A. SCHOOL LUNCH PARTICIPANTS (ONLY) Please complete. Leave blank those that are not applicable.

TITLES OF FOOD SERVICE EMPLOYEES (Titles may differ. Use most similar title)	NUMBER OF EMPLOYEES (Include part-time as one)	AVERAGE HOURLY WAGE (Do not include Fringe Benefits)
Food Service Director (Only if meets criteria*)	1	20.00
Cook Manager/Head Cook	8	12.00
Assistant Cook/Baker	14	10.00
Cafeteria Worker/Cook's Helper	35	9.00

TOTAL NUMBER OF FOOD SERVICE EMPLOYEES (Do Not Include Substitutes) 57

\* Complete the Food Service Director line only if the position fits the following definition: Major responsibilities include planning menus, purchasing food, managing and supervising food staff, developing and overseeing the food service budget and related activities. Do not list the wage of a superintendent or fiscal manager.

8. DAILY STUDENT MEAL PRICES

	ELEMENTARY (Daily)	MIDDLE/JR. HIGH (Daily)	SECONDARY (Daily)
NATIONAL SCHOOL LUNCH:	1.25	1.50	1.50
SCHOOL BREAKFAST:	1.00	1.00	1.00

9. Student Meals - Reduced Price

- a. The reduced lunch price is \$.40 or less.  Yes  No
- b. If participating in the breakfast program, the reduced breakfast price is \$.30 or less.  Yes  No

10. Adult Meal Prices

The adult meal price must be at least \$1.95 for lunch and \$1.15 for breakfast, if offered.

- a. Does the adult lunch price cover the meal cost plus \$.145 for the value of commodities?  Yes  No
- b. If participating in the breakfast program, does the adult breakfast price cover the meal cost?  Yes  No

II. INFORMATION REQUIRED IF APPLYING FOR MILK PROGRAM(S)

IF APPLYING TO PARTICIPATE IN THE (FEDERAL) SPECIAL MILK PROGRAM, COMPLETE 1 THROUGH 3.

IF APPLYING TO PARTICIPATE IN THE MINNESOTA KINDERGARTEN MILK PROGRAM, COMPLETE 4 AND 5.

SPECIAL MILK PROGRAM - Available only to children who do NOT have access to either breakfast or lunch.

1. Check one or both:  Kindergarten (Split Session) - Option of the Special Milk Program  
 Prekindergarten (Split Session) - Option of the Special Milk Program
2. Check one:  Non-pricing (NP) - Student does not pay for milk AND - No applications on file for eligible children approved for free milk  
 Pricing (including "Zero Pricing" programs where price has been reduced to zero) - Student pays for milk  
 If Pricing, check one:  No applications on file for eligible children approved for free milk (PN)  
 Applications on file for eligible children approved for free milk (PO)  
 Check here if price of milk has been reduced to 0 "Zero Pricing" Program (ZP)

3.    ACTUAL AVERAGE COST per 1/2 pint of milk.

IF PRICING PROGRAM, complete    ACTUAL PRICE TO STUDENT (can't exceed the actual cost shown above) + 2¢ storage/handling - 11¢ reimbursement

MINNESOTA KINDERGARTEN MILK PROGRAM - (Available to ALL kindergarten students.)

4.a. Actual average COST per 1/2 pint of milk: 15

b. Is milk claimed for MOHP reimbursement also claimed for reimbursement through the Split-Session Kindergarten Option of the Special Milk Program?  YES  NO

YES  NO Kindergarten students cannot pay for milk

YES  NO Do kindergarten students pay for milk?

YES - Complete the following:

05 ACTUAL PRICE TO STUDENT (cannot exceed average cost (4.a.) + 2¢ storage/handling - 10¢ minimum reimbursement)

5. Complete the kindergarten attendance calculations which apply to your school/district for FY 1995-96.

	Kindergarten Students Enrolled (a)	X	Scheduled No. of Kdgn. School Days (b)	=	Maximum No. of 1/2 Pints That Could Be Served (c)
<input type="checkbox"/> Daily	_____	X	_____	=	_____
<input checked="" type="checkbox"/> Alternate Days	400	X	170	=	68000
<input type="checkbox"/> Three Days Weekly	_____	X	_____	=	_____
<input type="checkbox"/> Other, Explain	_____	X	_____	=	_____

TOTAL of "Maximum No. of 1/2 Pints That Could Be Served" (Total of Third Column) . . . . . 68000

In October 1995, the SFA will receive a partial payment of the dollar amount estimated to be earned for milk served in the Minnesota Kindergarten Milk Program for the entire year.

At the end of the school year, the SFA must complete the MOMP Final Claim form (ED-01902) and return it to the State Agency no later than June 30, 1996. At that time the SFA must provide the State Agency with the actual number of 1/2 pints of milk served under the Minnesota Kindergarten Milk Program during FY 1995-96. After all claims have been received from all participating SFAs, the State Agency will determine the exact amount of reimbursement to be paid for each 1/2 pint of milk served. Adjustments will be made in the following manner:

**PUBLIC SCHOOLS** - Additional reimbursement due will be calculated by September 30, 1996 and paid as soon as recovery of any overpayment is completed.

**NONPUBLIC SCHOOLS** - Additional reimbursement due will be paid by September 30, 1996. Schools that have been overadvanced will be billed by August 15, 1996 for the amount due. Payment MUST be received by September 15, 1996.

III. INFORMATION REQUIRED TO RECEIVE STATE BREAKFAST FUNDS IF SFA HAS SITE(S) WITH 33-40% FREE/REDUCED PRICE PARTICIPATION

This section must be completed to receive up to \$.105 for each 1995-96 free and reduced price breakfast served at sites with 33 to 40 percent free/reduced price lunch participation in 93-94. Enclosed with this application is a list of sites that qualify for these state payments listed by agreement number. These state payments are intended to assist the breakfast program at sites that are required to offer a breakfast program under state law but do not have free/reduced price participation high enough to apply for federal severe need payments. If you have any sites on the list, respond to questions 1-3.

A partial payment of the additional state funds authorized for free and reduced price breakfasts at these sites will be made by the end of October 1995, based on the number of breakfasts estimated below. After the end of the school year, a Final Claim for "33-40%" State Breakfast Payments (ED-02142) will be provided for the SFA to report the actual number of breakfasts that qualified for these payments during 1995-96. (Federal and other state SBP payments for all 1995-96 breakfasts will continue to be received as usual.)

1. Estimated 1995-96 average daily number of free and reduced price breakfasts to be served at sites that are on the enclosed list (sites that had 33-40 percent free/reduced price participation in 1993-94): 30
2. Number of days on which the breakfast program will be available: X 172
3. Estimated total free and reduced price breakfasts at these sites: (Multiply 1 x 2) = 5160

**NOTE:** NOTIFY MDE IMMEDIATELY TO CHANGE THIS ESTIMATE BEFORE THE INITIAL PAYMENT, OR MAKE AN ADJUSTMENT TO THE PAYMENT, if one or more of those sites discontinues its breakfast program due to low participation or if participation is far less than estimated.

IV. SITE LIST INFORMATION

**Definition of "Site":** The location where the meal is prepared for consumption or served from satellited containers (on-site or satellite kitchen). If any sites are added or deleted, or if information about a site changes, the MDE Food and Nutrition Service must be notified before the change goes into effect. Record any changes on your copy of this application. We recommend that all changes be documented in writing to the Food and Nutrition Service.

**Kitchen Information:**

- Yes  No Are there any students from other buildings coming to a site to eat? (For example, a nonpublic school without a kitchen.) If YES, please include this information in the appropriate site listing for the location where they are eating.
- YES  No Do you have a central kitchen? (meals are prepared for satellite kitchens; no meals served on site.)

IV. SITE LIST INFORMATION (Continued)

1. Site Name  
**SENIOR HIGH**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software? \_\_\_\_\_

MEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)															
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12	
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1700												3	3	3	3
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1700												3	3	3	3

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  
 YES  NO

2. Site Name  
**RIVERSIDE**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software? \_\_\_\_\_

MEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	80			3	3	3	3	3	3	3	3	3	3	3	3
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	80			3	3	3	3	3	3	3	3	3	3	3	3

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  
 YES  NO

3. Site Name  
**PAUL BUNYAN ELEMENTARY**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software? \_\_\_\_\_

MEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input type="checkbox"/> YES <input type="checkbox"/> NO	250	5	5	5											
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input type="checkbox"/> YES <input type="checkbox"/> NO	250	3	3	3											

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  
 YES  NO

IV. SITE LIST INFORMATION (Continued)

1. Site Name  
**ISD #31 DAY CARE** Check if this is a new site: [ ]

Kitchen Type (check one):  Satellite [ ] On Site  
 If on-site, is the kitchen a base kitchen? (prepares meals for other sites) [ ] Yes [ ] No

Meal Counts (check one):  Checklist [ ] Ticket  
 Electronic (Computer)  
 Name of Accountability Software? \_\_\_\_\_

HEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> NSLP Offer Vs Serve? <input checked="" type="checkbox"/> YES [ ] NO	75	3	3												
<input checked="" type="checkbox"/> SBP Offer Vs Serve? <input checked="" type="checkbox"/> YES [ ] NO	75	3	3												

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

[ ] Split Session K Option

[ ] Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  
 YES  NO

2. Site Name  
**SOLWAY ELEMENTARY** Check if this is a new site: [ ]

Kitchen Type (check one): [ ] Satellite  On Site  
 If on-site, is the kitchen a base kitchen? (prepares meals for other sites) [ ] Yes [ ] No

Meal Counts (check one):  Checklist [ ] Ticket  
 Electronic (Computer)  
 Name of Accountability Software? \_\_\_\_\_

HEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> NSLP Offer Vs Serve? <input checked="" type="checkbox"/> YES [ ] NO	175		3	3	3	3	3	3							
<input checked="" type="checkbox"/> SBP Offer Vs Serve? <input checked="" type="checkbox"/> YES [ ] NO	175		3	3	3	3	3	3							

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

[ ] Split Session K Option

[ ] Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  
 YES [ ] NO

3. Site Name  
**MIDDLE SCHOOL** Check if this is a new site: [ ]

Kitchen Type (check one): [ ] Satellite  On Site  
 If on-site, is the kitchen a base kitchen? (prepares meals for other sites) [ ] Yes [ ] No

Meal Counts (check one): [ ] Checklist  Ticket  
 Electronic (Computer)  
 Name of Accountability Software? \_\_\_\_\_

HEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> NSLP Offer Vs Serve? <input checked="" type="checkbox"/> YES [ ] NO	1500								3	3	3				
<input checked="" type="checkbox"/> SBP Offer Vs Serve? <input checked="" type="checkbox"/> YES [ ] NO	1500								3	3	3				

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

[ ] Split Session K Option

[ ] Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  
 YES  NO

I.V. SITE LIST INFORMATION (Continued)

1. Site Name  
**NORTHERN ELEMENTARY**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software? \_\_\_\_\_

MEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	450			3	3	3	3	3							
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	450			3	3	3	3	3							

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  YES  NO

2. Site Name  
**J.W. SMITH ELEMENTARY**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software? \_\_\_\_\_

MEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	435			3	3	3	3	3							
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	435			3	3	3	3	3							

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  YES  NO

3. Site Name  
**DEER LAKE ELEMENTARY**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software? \_\_\_\_\_

MEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	160		3	3	3	3	3	3							
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	160		3	3	3	3	3	3							

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  YES  NO



I.V. SITE LIST INFORMATION (Continued)

1. Site Name  
**CENTRAL ELEMENTARY**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software: \_\_\_\_\_

HEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	310			3	3	3	3	3							
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	310			3	3	3	3	3							

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  YES  NO

2. Site Name  
**KINDERGARTEN KONNECTION**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software: \_\_\_\_\_

HEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	25	3	3												
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	25	3	3												

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)  YES  NO

3. Site Name  
**HORACE MAY ELEMENTARY**

Check if this is a new site:

Kitchen Type (check one):  Satellite  On Site  
If on-site, is the kitchen a base kitchen? (prepares meals for other sites)  Yes  No

Meal Counts (check one):  Checklist  Ticket  
 Electronic (Computer)

Name of Accountability Software: \_\_\_\_\_

HEAL PROGRAMS	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	450			3	3	3	3	3							
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	450			3	3	3	3	3							

SPECIAL MILK PROGRAM (FEDERAL) EST. ENROLLMENT MINNESOTA KINDERGARTEN MILK PROGRAM

Split Session K Option

Split Session Pre-K Option

Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3)

I V. S I T E L I S T I N F O R M A T I O N (Continued)

1. Site Name <b>LINCOLN ELEMENTARY</b>		Check if this is a <u>new site</u> : <input type="checkbox"/>
Kitchen Type (check one): <input type="checkbox"/> Satellite <input checked="" type="checkbox"/> On Site If on-site, is the kitchen a base kitchen? (prepares meals for other sites) <input type="checkbox"/> Yes <input type="checkbox"/> No	Meal Counts (check one): <input checked="" type="checkbox"/> Checklist <input type="checkbox"/> Ticket <input type="checkbox"/> Electronic (Computer)	Name of Accountability Software? _____

M E A L P R O G R A M S	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input checked="" type="checkbox"/> N S L P Offer Vs Serve? <input type="checkbox"/> YES <input type="checkbox"/> NO	390			3	3	3	3	3							
<input checked="" type="checkbox"/> S B P Offer Vs Serve? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	390			3	3	3	3	3							

SPECIAL MILK PROGRAM (FEDERAL)	EST. ENROLLMENT	M I N N E S O T A K I N D E R G A R T E N M I L K P R O G R A M
<input type="checkbox"/> Split Session K Option		Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> Split Session Pre-K Option		

2. Site Name		Check if this is a <u>new site</u> : <input type="checkbox"/>
Kitchen Type (check one): <input type="checkbox"/> Satellite <input type="checkbox"/> On Site If on-site, is the kitchen a base kitchen? (prepares meals for other sites) <input type="checkbox"/> Yes <input type="checkbox"/> No	Meal Counts (check one): <input type="checkbox"/> Checklist <input type="checkbox"/> Ticket <input type="checkbox"/> Electronic (Computer)	Name of Accountability Software? _____

M E A L P R O G R A M S	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> N S L P Offer Vs Serve? <input type="checkbox"/> YES <input type="checkbox"/> NO															
<input type="checkbox"/> S B P Offer Vs Serve? <input type="checkbox"/> YES <input type="checkbox"/> NO															

SPECIAL MILK PROGRAM (FEDERAL)	EST. ENROLLMENT	M I N N E S O T A K I N D E R G A R T E N M I L K P R O G R A M
<input type="checkbox"/> Split Session K Option		Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3) <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Split Session Pre-K Option		

3. Site Name		Check if this is a <u>new site</u> : <input type="checkbox"/>
Kitchen Type (check one): <input type="checkbox"/> Satellite <input type="checkbox"/> On Site If on-site, is the kitchen a base kitchen? (prepares meals for other sites) <input type="checkbox"/> Yes <input type="checkbox"/> No	Meal Counts (check one): <input type="checkbox"/> Checklist <input type="checkbox"/> Ticket <input type="checkbox"/> Electronic (Computer)	Name of Accountability Software? _____

M E A L P R O G R A M S	WRITE IN NO. OF FOOD ITEMS THAT MUST BE TAKEN FOR EACH GRADE (I.E., 3 or 4 for 0 vs 5)														
	ESTIMATED ENROLLMENT	PK	K	1	2	3	4	5	6	7	8	9	10	11	12
<input type="checkbox"/> N S L P Offer Vs Serve? <input type="checkbox"/> YES <input type="checkbox"/> NO															
<input type="checkbox"/> S B P Offer Vs Serve? <input type="checkbox"/> YES <input type="checkbox"/> NO															

SPECIAL MILK PROGRAM (FEDERAL)	EST. ENROLLMENT	M I N N E S O T A K I N D E R G A R T E N M I L K P R O G R A M
<input type="checkbox"/> Split Session K Option		Check if this site is included in Minnesota Kindergarten Milk Program Application (Page 3) <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Split Session Pre-K Option		