

Arizona Department of Education
Child Nutrition Program
Special Assistance Application

Please review the Special Assistance Guidance Manual. After reviewing the manual, if you would like to apply for the Special Assistance Program, please complete this application. Once completed, submit the application to the Special Assistance coordinator at the Arizona Department of Education, Child Nutrition Programs for review. **Please note that this application is not approved until you receive an official letter of approval from this department.**

| | |
|----------------|----------|
| Sponsor Name: | CTD# |
| Contact/Title: | Phone #: |

1. Indicate the Special Assistance provision that will be operated: _____

2. Indicate the number of sites that will be participating in the Special Assistance Program: _____

Please attach on School District Letterhead a list of all sites. Please indicate the fields listed below.

| NAME OF SCHOOL | BASE YEAR | BREAKFAST (B), LUNCH (L), OR BOTH (BL) |
|----------------|-----------|--|
| | | |

3. During the base year each sponsor must demonstrate compliance with all certification, counting/claiming, and verification procedures during an administrative review. Is this requirement understood? Y___ N___

4. A sponsor may not supplement its meal service operation with any federal funds other than USDA reimbursement, BIA funds and any other source earmarked for meal service. Is this requirement understood? Y___ N___

5. A qualified representative is required to attend the A+ School Lunch Workshop and Provision 2 & 3 training prior to the first operating day of the base year and Provision 2 and 3 training in each non-base year. Is this requirement understood? Y___ N___

6. Have you read and understood the requirements of Special Assistance (see Special Assistance guidance manual)? Y___ N___

I CERTIFY that the information in this application is true, and that I agree to carry out the terms of the agreement to operate the Special Assistance Program. I understand that this information is given in connection with the receipt of federal funds and that deliberate misinterpretation may be subject to prosecution under applicable federal statutes.

Print name (authorized signatory): _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date of Last Review: _____

Passed: Y___N___

Approved: Y___ N___ Original Base Year: _____

Provision: _____

Approved By: _____

Date: _____

Additional Information/Comments:
