

Arizona Department of Education
 Child Nutrition Program
 Application for an Extension on Special Assistance

Please review the Special Assistance Guidance Manual. After reviewing the manual, if you would like to apply for an extension on 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 (2 or 3) that is currently being operated: _____
2. Indicate the number of special assistance sites that are being operated: _____

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. Please indicate the approved socioeconomic data that will be submitted to the Arizona Department of Education. Data submitted must be from the base year and the last non base year. All data must be submitted by March 1st of the last non-base year.

Socioeconomic Data Source	BASE YEAR	LAST NON-BASE YEAR

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: _____

Years Extended: _____

Next Base Year: _____