



## Special Assistance Provision 2/3 Base Year 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 electronically to [ContactHNS@azed.gov](mailto:ContactHNS@azed.gov) for review. **Please note that this application is not approved until you receive an official letter of approval from this department.** Approval letters are sent in June of each year prior to the start of the school year. This application is due no later than June 1 annually.

Local Educational Agency (LEA) Name:	CTDS#:
School Food Authority Contact/Title:	Phone#:

1. Indicate the Special Assistance Provision that will be operated (e.g. Provision 2 or 3):

2. Indicate the number of applying sites that will be participating in a base year:

Please list site name(s) below, or indicate that a list of all sites is attached (if applying for multiple sites). If attaching a list, please indicate the fields shown below on School District Letterhead.

Legal name of applying sites (as shown in CNPWeb)	Base Year	Participation in BREAKFAST (B), LUNCH(L),OR BOTH (BL)

3. During the base year, the LEA must demonstrate compliance with all certification, counting/claiming, and verification procedures during an administrative review. Is this requirement understood?    Yes            No

4. The LEA may not supplement its meal service operation with any federal funds other than United States Department of Agriculture reimbursements, Bureau of Indian Affairs funds and any other source earmarked for meal service. Is this requirement understood?  
Yes            No

5. Prior to the first operating day of the base year, the LEA is required to attend the [Online Course: How to Apply and Operate Special Assistance Provision 2/3 Base Year](#) and submit the [Electronic Survey](#).

Is this requirement understood?    Yes            No

6. Have you read and understood the requirements of the Special Assistance Guidance Manual?    Yes            No

**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.**

**Printed name (authorized signatory):** \_\_\_\_\_

**Signature (authorized signatory):** \_\_\_\_\_

**Date:** \_\_\_\_\_