

SPECIAL MILK PROGRAM APPLICATION, AGREEMENT POLICY STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0005. The time required to complete this information collection is estimated to average 15 minutes (.25 hours) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

General		1. Name and Mailing Address of Sponsor				2. Name Address and Phone of Contact Person							
School Year: <input type="text"/>		Name <input type="text"/>				Name <input type="text"/>							
Sponsor Number: <input type="text"/>		Addr 1 <input type="text"/>				Addr 1 <input type="text"/>							
County: <input type="text"/>		Addr 2 <input type="text"/>				Addr 2 <input type="text"/>							
Region <input type="text"/>		City <input type="text"/>		State <input type="text"/>		City <input type="text"/>		State <input type="text"/>		Zip <input type="text"/>			
3. Organization is <input type="checkbox"/> Private <input type="checkbox"/> Public		Street Addr <input type="text"/>				Tel <input type="text"/>				Fax: <input type="text"/>			
4. Number of Sites by Sponsor Type		5. Are you requesting the free milk program? <input type="checkbox"/>				7. Program data (estimate for school year)							
A. Day Schools <input type="text"/>		6. Planned period of milk service				A. Total number of schools / institutions applying for participation <input type="text"/>							
B. Boarding Schools <input type="text"/>		A. Begin Date <input type="text"/>		B. End Date <input type="text"/>		B. Total enrollment for sites participating <input type="text"/>							
C. RCCIs <input type="text"/>		C. Estimated number of days milk service will operate this year <input type="text"/>		D. Months for which claims will NOT be submitted		C. Price charged per 1/2 pint milk (daily) <input type="text"/>							
D. RCCIs w/ Day Students <input type="text"/>		<input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec				D. Estimated number of children eligible							
E. Camps <input type="text"/>		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun				1. Paid <input type="text"/>							
F. Child care institutions <input type="text"/>						2. Free <input type="text"/>							
G. Other <input type="text"/>													
8. Does the school / institution receive or expect to receive a total of \$300,000 or more in federal funds this year? <input type="checkbox"/>													
9. Attach a copy of the license or confirmation letter for each residential child care site? <input type="checkbox"/> Attached													
10. For Private RCCI's: Licensed Capacity? <input type="text"/>				11. Have you read the terms of the agreement under FNS - 67? <input type="checkbox"/>									
12. NEW APPLICANTS ONLY						B. Attach a copy of letter from IRS documenting tax-exempt status. <input type="checkbox"/> Attached							
A. Indicate the Sponsor's Federal Employer Identification Number (F.E.I.D. No. The number used to report federal withholding and social security.) <input type="text"/>						C. Sponsors must provide assurance of compliance with Title VI of Civil Rights Act of 1964 by completing Civil Rights Compliance Questionnaire. <input type="checkbox"/> Attached							

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Bank Name				
Bank Account Name				
Bank Account Number				
Bank Address				
City		State		Zip
Bank Routing Transit Number				

I CERTIFY that the information on this application is true to the best of my knowledge; that reimbursement will be claimed only for meals or milk served to children; and that the school does not discriminate on the basis of race, color, sex, national origin, age or disability. I further understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Not							
Signature		Print Name		Title		Date	
Last Modified By		Last Modified Date					