



PUBLIC SCHOOLS OF NORTH CAROLINA

DEPARTMENT OF PUBLIC INSTRUCTION | Mark Johnson, *Superintendent of Public Instruction*

WWW.NCPUBLICSCHOOLS.ORG

Potential New School Food Authority (SFA) Interest Form

Name of School: _____

Address: _____

County Where School is Located: _____

Phone Number: _____

Fax Number: _____

Charter School # (Ex: 49Z) : _____

Please note: Non-Public Schools will be assigned a number.

Board Chair's Name: _____

Email: _____ Phone: _____

Principal's Name: _____

Email: _____ Phone: _____

School's Website Address: _____

Contact Name For Application Process: _____

Title of Contact Person: _____

Email: _____ Phone: _____

SCHOOL NUTRITION SERVICES

SCHOOL OPERATIONS DIVISION

Lynn Harvey, Ed.D., RDN, LDN, FAND, SNS Chief | lynn.harvey@dpi.nc.gov

6324 Mail Service Center, Raleigh, North Carolina 27699-6324 | Phone (919) 807-3506 | Fax (919) 807-3516

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

How would you best describe your School? (Check one)

- Charter School
- Federally Supported School
- Private School (Non-Public)
- Public School
- RCCI (Residential Child Care Institute) School
- State Supported School
- Camp

How many students attend your school? _____

What grades attend your school? _____

What program(s) are you interested in participating? (Check all that apply)

- National School Lunch Program
 - School Breakfast Program
 - After School Snack Program
- Special Milk Program

Who will be responsible for the administration and oversight of the School Nutrition (SN) Program? It is recommended that a full time position be dedicated to the management and oversight of the SN Program. (Please provide specific details of the designated staff position(s) that will be assigned to administer and oversee the program requirements, as well as the daily operations/management of the meal program. The United States Department of Agriculture (USDA) Food and Nutrition Services has established Professional Standards for Local School Nutrition Programs personnel. Please review the following website for additional information

<http://childnutrition.ncpublicschools.gov/continuing-education/professional-standards>

School Nutrition Director/Administrator Name: _____

Email: _____ Phone: _____

Cafeteria Manager Name: _____

Email: _____ Phone: _____

Will you prepare meals on-site or will you purchase prepared meals to be catered to the facility? (Check one)

- Prepare meals on-site
- Purchase prepared meals

If preparing meals on-site, do you have space and commercial equipment for food preparation that will meet State Health Standards and the State Food Code?

- No
- Yes

If yes, please describe facility layout and equipment below?

Who will be responsible for developing the menu for meals served and ensuring that the required meal pattern is followed? _____

Who will be responsible for maintaining the nutrient analysis of planned meals?

Who will be responsible for processing the Free & Reduced Priced School Meal Applications, Direct Certification and will notify households of benefits received (free, reduced or paid)? Determining Official Name: _____

Who will be the person responsible for confirming that each Free & Reduced Priced School Meal Application has been processed correctly (this would be done after the Determining Official had completed the task)?

Confirming Official Name: _____

Who will be responsible to hear household disagreements with the school's determination of benefits? Hearing Official Name: _____

(The Hearing Official and the Determining Official cannot be the same person. The Hearing Official should be someone familiar with Child Nutrition, but is not involved in the day to day operations of the program. This person would provide a fair and just hearing of any received complaints. Examples might include: School Board Member, School Counselor or School Social Worker)

Who will serve as your school's homeless liaison or migrant coordinator information? _____

Who will be responsible for assisting households with bilingual concerns in interpreting SN Documents? _____

Who will be responsible for filing the claim each month? How will School Nutrition finances be managed to ensure accurate and accountable practices?

Reimbursement Claims Official (Financial Officer) Name: _____

Email: _____ Phone: _____

What will be your policy on students charging for meals?

Months of Operation: (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |
| <input type="checkbox"/> October | <input type="checkbox"/> April |
| <input type="checkbox"/> November | <input type="checkbox"/> May |
| <input type="checkbox"/> December | <input type="checkbox"/> June |

Number of Days per Week To Serve Meals: _____

What are your school hours? _____

	*Meal Service Times	**Meal Prices Elementary	**Meal Prices Middle School	**Meal Prices High School	***Meal Prices Adults
Breakfast					
Lunch					
Snack					

*Breakfast should be served in the early morning hours.

*Lunch Meals Can Only Be Served Between 10:00 am – 2:00 pm

*Snack Must Be Served After the End of the School Day

** .40 Maximum Reduced-Price Lunch ** .30 Maximum Reduced-Price Breakfast ** .15 Maximum Reduced Snack

***Must cover the cost to prepare the meal.

School Year Dates of Operation (SY 18-19 or 19-20)

(Please attach a school calendar)

Return this form and school calendar to:

Jacquelyn McGowan, Compliance Officer
 North Carolina Department of Public Instruction
 School Nutrition Services
 6324 Mail Service Center
 Raleigh, NC 27699-6324
 Phone: 919-807-3595
 Fax: 919-807-3516
 Email: Jacquelyn.McGowan@dpi.nc.gov