Potential New School Food Authority (SFA) Interest Form

Name of School/Camp/Organization: _____________________________

Address: ______________________________________________________

Phone Number: ________________________________________________

Fax Number: ___________________________________________________

County Where School/Camp/Organization is Located: _______________

School Principal/Camp Manager: __________________________________

Email: ___________________________ Phone: _______________________

School/Camp/Organization website address: _________________________

Contact Name: __________________________________________________

Title of Contact Person: ___________________________________________

Email: ___________________________ Phone: _______________________

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

☐ Charter School
☐ Federally Supported School
☐ Private School (Non-Public)
☐ Public School
☐ RCCI (Residential Child Care Institute) School
☐ State Supported School
☐ Camp
☐ Other (please describe)_________________________________________

How many students attend your school/camp? ______________________

What grades attend your school/camp? ____________________________
Who will be responsible for the administration and oversight of the Special Milk 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 milk program).

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

What will be your policy on students charging for milk?

___________________________________________________________________
___________________________________________________________________

Months of Operation: (check all that apply)

☐ July
☐ August
☐ September
☐ October
☐ November
☐ December
☐ January
☐ February
☐ March
☐ April
☐ May
☐ June

Number of Days per Week To Serve Milk: __________

What are your school/camp hours? _____________________________________

*Meal Service Times

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<tr>
<th></th>
<th>**Milk Prices Elementary</th>
<th>**Milk Prices Middle School</th>
<th>**Milk Prices High School</th>
<th>**Milk Prices Adults</th>
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</thead>
<tbody>
<tr>
<td>Breakfast</td>
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<td>Lunch</td>
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*Breakfast should be served in the early morning hours.

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

School Year Dates of Operation (SY 15-16) - (Attach a school/camp calendar)

Return THIS Form and the School/Camp Calendar to:

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