

**Letter of Agreement Between VDOE and SFA**

**ATTACHMENT SL 10A-1**

**School Year 2000-2001**

**Instructions:** Fill in the blanks with the appropriate information.

School Division : \_\_\_\_\_ Division No: \_\_\_\_\_

1. **Meal Planning System to be Used:** please indicate the system you plan to follow for school year **2000-001**.

- a) \_\_\_\_\_ Enhanced Food Based
- b) \_\_\_\_\_ Nutrient Standard Menu Planning
- c) \_\_\_\_\_ Assisted Nutrient Standard Menu Planning

2. **Applications:**                      **Central Office** \_\_\_\_\_      **School Level:** \_\_\_\_\_

MEAL PRICES	Lunch			Breakfast			Afterschool Snack Programs
	Elem	Middle	High	Elem	Middle	High	
<b>Full Price</b>							
<b>Reduced-Price</b>							
<b>Adults</b>							

3. Will **income** from the sale of ALL FOOD and DRINK items sold in the school from 6:00 a.m. until the close of the last breakfast period and from the beginning of the lunch period, until the close of the last lunch period (as required by state and federal regulations) be deposited in the School Nutrition account and used only for the School Nutrition Programs? **YES** \_\_\_ **NO** \_\_\_

4. Will "**vended**" **fresh products** (pizza, sandwiches, etc.) be purchased from any commercial food service operations?      **YES** \_\_\_      **NO** \_\_\_

**If YES, list all vendors and type of food being purchased.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List all catered or vended meals provided by SNP you do not claim for reimbursement. (i.e., day care meals, catering, summer food service program, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Will the division's school nutrition program be operated/managed by a Food Service Management Company (FSMC)? **YES** \_\_\_ **NO** \_\_\_

If **YES** FSMC name: \_\_\_\_\_

Has FSMC contract for SY 2000-2001 been approved by the VDOE? **YES** \_\_\_ **NO** \_\_\_

**If No, Contract must be submitted for approval. Reimbursements for meals will be withheld until FSMC contract is approved by VDOE.**

**NOTE: Request for bids or contracts including renewals cannot be signed until reviewed and approved by the state agency.**

7. **Profile of School Division:** Division's School Nutrition Program (food service) director/contact person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SPECIAL MILK PROGRAM

8. The School Division elects to provide the following milk service to half-day kindergarten children in eligible schools (check applicable service).

\_\_\_ Sold Milk Only

\_\_\_ morning session

\_\_\_ afternoon session

\_\_\_ Sold Milk and Free Milk (to eligible children)

\_\_\_ morning session

\_\_\_ afternoon session

The anticipated cost and selling price per half-pint:

\_\_\_ Cost Paid Distributor

\_\_\_ Selling Price to Kindergarten Children