VIRGINIA DEPARTMENT OF EDUCATION
SCHOOL NUTRITION PROGRAMS
AFTERSCHOOL SNACK PROGRAM (ASP) AGREEMENT
Between the Virginia Department of Education and School Food Authority
School Year 2000-2001

Instructions: see reverse side for detailed instruction on completing this form

SCHOOL DIVISION NAME: _____ **Division Number:** _____

AFTERSCHOOL SNACK PROGRAM (ASP)		PROD. Site	Dates of Operation		Qualified for Free Reimbursement By			Does not meet the 50% criteria. Will claim by CATEGORICAL ELIGIBILITY
SCHOOL NUTRITION PROGRAM (SNP) UNIT NAME 1	SNPU # 2	YES/NO 3	Start Date 4	End Date 5	Site Elig. 6	Area Elig. 7	If Area Eligible---List Qualifying SNP unit 8	9

Superintendent's Signature: _____ **Date:** _____