UTAH STATE BOARD OF EDUCATION

INSTITUTION APPLICATION

**SPECIAL MILK PROGRAM**

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| **1. Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (for USOE use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Physical Location:    Mailing Address:    Telephone Number(s): (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Person and Title:  E-mail: |
| **2. Federal I.D. or Social Security Number** (Should be 9 Digits): |
| **3. Type of organization**:   Private non-profit. (Submit  IRS determination letter  Utah Dept of Commerce registration)   Public |
| **4. Services** (Check the primary service the institution provides):   Child Care  Residential Camp  School  Other |
| **5. Total number of sites that will participate in SMP: \_\_\_\_\_\_\_\_** (Complete attached list, page 3) |
| **6.**  **Institution milk policy is:**  Non-pricing (no separate charge for milk)  Pricing (separate charge for milk)   Pricing with Free Milk option  Multiple |
| **7.** **If implementing Pricing with Free Milk option,**  How will income eligibility forms be distributed?  Who will approve the forms?  Who will maintain these records?  How will renewal of expiring forms be assured? |
| **8.**  **Counting Half Pints**  How will the numbers of adults and children served milk each day be counted (including distinguishing free milk from paid)?  Who will be responsible for this task?  Note: attendance information cannot be used to obtain this number. There must be a count at the point of service for each half pint of milk claimed. |
| **9.** Describe how milk program requirements will continue to be met when there are staff changes. |
| **10.** **Monitoring**  Describe the institutions’s plans for  (1) conducting monitoring  (2) documenting monitoring of facilities. |
| **11.** Are there any special requirements for enrollment?  No  Yes: Please describe the requirements. |

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| **12.** **Financial responsibility information**:  Name of Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of birth (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City  \_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_ZIP code  **Other contact information** (Persons outside the organization who would know how to contact officials of the organization - required):  Name  Address  Relationship  Name  Address  Relationship | |
| **I/We certify that the information on this application and management plan, and accompanying attachments and site information sheet(s) is true to the best of my knowledge and that deliberate misrepresentation may subject me to prosecution under all applicable state and federal statutes.** | |
| **Signature(s) of Institution’s**  **Authorized Representative(s)** | **Signature on behalf of**  **Utah State Office of Education** |
| **Executive Director Signature:** | **Signature:** |
| **Print Name:** | **Title: Director, Child Nutrition Programs** |
| **Title:** | **Print Name:** |
| **Alternate Signature (claim submission):** | **Date:** |
| **Print Name:** | **Application complete:** |
| **Title:** | **Date:** |
| **Date:** | **Approved to claim beginning:** |

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| CHILD NUTRITION  **SPECIAL MILK PROGRAM**  SCHEDULE OF SITES | | | | |
| SPONSOR: | | PROGRAM PERIOD: | | |
| INSTRUCTIONS:  For each site with a year-round programs, mark an “X” in the “year round” column.  List each school/site participating in the Special Milk Program with its physical address.  For each site, indicate in one of the “Policy Type” columns how milk is offered and submit the appropriate policy statement. Sponsors implementing a Pricing Policy with the “free milk option must also issue a public release (copy attached) announcing availability of the Program and procedures to receive benefits. | | | | |
| Year Round | Site Names and Addresses | Policy Type | | |
| Pricing, Free Option | Pricing, No Free Option | Non-pricing |
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Name of contact:

Our school/organization plans to submit claims for special milk for the following month(s): (please check)

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