Minnesota Department of
Education

Safety Health and Nutrition
1500 Highway 36 West
Roseville, MN 55113

MILK PROGRAM APPLICATION

Program Period 07/01/14 – 06/30/2015

INSTRUCTIONS: Complete the sponsor information page for your sponsoring organization. Complete one site information page for each site (make additional copies as needed). Questions: contact Safety, Health and Nutrition (SHN) at: 1.800.366.8922, 651.582.8526, fax: 651.582.8501 or e-mail: mde.fns@state.mn.us

SPONSOR IDENTIFICATION (ID) INFORMATION

Sponsoring Organization Name: _____ Sponsoring ID Number (assigned by SHN) _____

Address:_____ City:_____ State_____ Zip_____

Contact Person Name:_____ Contact Person Title:_____

Contact E-mail Address:_____

Telephone Number:_____ FAX Number:_____

___**Electing Flexibility Option for Free or Reduced-Price Meal Eligibility Determination Effective Date** – sponsor is choosing to use the submission date instead of the approval date of a household application as the effective date of eligibility for free or reduced-price meal benefits.

Sponsoring Authority Certification

I certify that the information on the both the sponsor and site applications and attachments is true to the best of my knowledge; that reimbursement will be claimed only for milk served to eligible participants; and that the programs applied for will be available to all eligible participants regardless of race, age, color, disability, gender, or national origin. I understand that this information is being given in connection with the receipt of federal and/or state funds; that officials of the U.S. Department of Agriculture and the Minnesota Department of Education may verify this information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Certification of Non-Participation in Other Child Nutrition Programs: I certify that no Special Milk Program reimbursement will be claimed for any children who participate in any of the following programs, at the same site at which the Special Milk Program is offered: Child and Adult Care Food Program, National School Lunch Program, and School Breakfast Program.

_____
Printed Name of Responsible Authority

_____
Signature of Responsible Authority

_____ _____
Title of Responsible Authority Date

SITE IDENTIFICATION INFORMATION (one page for each site)

Sponsoring Organization Name: _____ Site Name _____

Site Address:_____ City_____ State_____ Zip_____

Site Contact Person Name:_____ Site Contact Person Title:_____

Site Contact E-mail Address:_____ Site Telephone Number: _____

Site ID (assigned by SHN)_____

Additional Site Information:

1. Classification of Site

   ____ School
   ____ Childcare Facility (nonprofit nursery school, childcare center or similar nonprofit facility devoted to the care and training of children)
   ____ Summer Camp

2. Site Administration

   ____ This is a Public Site
   ____ This Site is Legally Separate from the Sponsoring Authority

Special Milk Program

1. Program Participation:

   ____ "Free Milk" Option: applications collected to determine income eligibility
   ____ "No Free Milk" Option: applications NOT collected to determine income eligibility
   ____ Not Participating

2. Estimated Daily Enrollment: ____

3. Months in which milk is served (check all that apply):

   ____ All Months

   ____ January ____ February ____ March ____ April ____ May ____ June

   ____ July ____ August ____ September ____ October ____ November ____ December

Minnesota Kindergarten Milk Program

1. Program Participation:

   ____ Participating
   ____ Not Participating

2. Estimated Daily Enrollment: _____

3. Months in which milk is served (check all that apply):

   ____ All Months

   ____ January ____ February ____ March ____ April ____ May ____ June

   ____ July ____ August ____ September ____ October ____ November ____ December