

SFSP Agreement

Sponsor Name: HENDERSON COUNTY BOE
SCHL

Sponsor Number: 051-V09-999-SU

FEID: 616001295-EXX

In order to effectuate the purpose of Section 13 of the National School Lunch Act, as amended, and the regulations governing the Summer Food Service Program for Children issued there under (hereinafter referred to as the "Program"), the Kentucky Department of Education (hereinafter referred to as the "State Agency") and the HENDERSON COUNTY BOE SCHL acting on behalf of each site listed herein, covenant and agree as follows:

THE STATE AGENCY SHALL:

1. To the extent of funds available, reimburse the sponsoring organization for meals served to children at the sites listed herein during the period hereinafter stated. During any fiscal year, the amount of reimbursement for meals shall not exceed the lesser of: (a) an amount equal to the number of meals, by type, served to eligible children, multiplied by the rates assigned by the State Agency as shown herein, or such other rates as may be subsequently assigned by the State Agency, or (b) the total cash expenditure for operating costs of the food service less cash income to the program operation.
2. Inform the sponsor of its right to request a review of discussions made by the State Agency in accordance with Part 225.13(c) of the summer regulations which affect the participation of the sponsor in the Program or the sponsor's claim for reimbursement.

THE SPONSORING ORGANIZATION represents and warrants (a) it provides an ongoing, year-round service to the community which it proposes to serve under the program, (b) it is the governing body responsible for the administration of the sites listed herein, and (c) it is a public entity or it has tax exempt status under the Internal Revenue Code of 1954, to which the sites listed herein have delegated authority for the operation of their food service.

THE SPONSOR SHALL:

1. Provide adequate supervisory and operational personnel for overall monitoring and management of each food service site including adequate personnel to visit all food service sites at least once in the first week of operation and to promptly take such actions as are necessary to correct deficiencies found at the time of the initial visit, and to complete a monitor review at each site at least once during the first four weeks of operation, and thereafter, to maintain a reasonable level of site monitoring and maintain documentation of each visit using a monitoring form provided by the State Agency.
2. Retain full financial administrative responsibility for its program.
3. Maintain full and accurate records of the program in accordance with the financial management system prescribed by the State Agency and retain such records for a period of three years after the end of the fiscal year to which they pertain.
4. Attend State Agency training and hold training sessions for its administrative and site personnel with regard to program duties and responsibilities, allow no site to operate until site personnel have attended such training session, and ensure that each site shall have present at each meal service at least one person who has received training according to Part 225.15(d)(1).
5. Maintain children on site while meals are being consumed.
6. Serve meals which meet the meal requirements specified during a period designated as the meal service period.
7. Serve meals without cost to all children at nonresidential sites (except that camps may charge for meals served to children who are not eligible for free or reduced price school meals).
8. Issue a free meal policy statement which affirms that there is no discrimination in the food service because of race, color, national origin, sex, age, or disability.
9. Make no permanent changes in the time of any meal service period without State Agency approval.
10. Claim reimbursement only for the type or types of meals specified in the Agreement and served without charge to eligible children at approved sites during the approved meal service period.
11. Submit claims for reimbursement in accordance with procedures established by the State Agency, and those stated in Part 225.9.
12. Maintain on-file documentation of site visits and monitor reviews in accordance with Part 225.15(d)(2)(3).

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13. Upon request, make all accounts and records pertaining to the Program available to state, federal, or other authorized officials for audit or administrative review at a reasonable time and place. Such records shall be kept for a period of three years after the end of the fiscal year to which they pertain, unless audit or investigation findings have not been resolved, in which case, the records shall be retained until all issues raised by the audit or investigation have been resolved.
14. Maintain in the storage, preparation and service of food, proper sanitation and health standards in conformance with state and local laws.
15. Accept and efficiently use foods offered as a donation by the United States Department of Agriculture.

THE STATE AGENCY AND THE SPONSORING ORGANIZATION MUTUALLY AGREE THAT:

1. All sites and site sheets are completed, accurately documented, and attached herein.
2. Upon approval by the State Agency, sites may not be added herein after June 15 and may be deleted as the need arises. It is not necessary to resubmit site sheets after initial approval.
3. The State Agency's agreement to reimburse the sponsor is conditioned upon the continued availability of funds appropriated for the Summer Food Service Program for Children for such a period of operation or upon the appropriation of funds by the Congress in a sufficient amount for such period of cooperation, and no legal liability on the part of the State Agency for the payment of any money shall arise unless and until such appropriation shall have been provided.
4. This agreement may be terminated upon 10 days written notice on the part of either party thereto, and the State Agency may terminate this agreement immediately after receipt of evidence that the terms and conditions of this agreement and the regulations governing the Program have not been fully complied with by the sponsor. Any termination of this Agreement by the State Agency shall be in accord with applicable laws and regulations. No termination or expiration of this agreement, however shall affect the obligation of the sponsor to maintain and retain records and to make such records available for audit.
5. A sponsoring organization for participation shall operate its food service in accordance with the provisions of part 225 and any instructions and handbooks issued by Food and Consumer Service/USDA or the State Agency which are not inconsistent with the provisions of this part.
6. No sponsoring organization employee, officer, or agency shall participate in the selection, award, or administration of a contract in which Program funds are used, where to his knowledge, he or his family, partners, or organization in which he or his immediate family or partner has a financial interest, or with whom he is negotiating or has any arrangement concerning prospective employment.
7. Any sponsor that is required by statute, ordinance, resolution, or order to follow the procurement practices required by KRS 424.260 shall use such procurement practices for any program under the Summer Food Service Program for Children unless such agency has adopted the provisions of KRS 45A.345 through 45A.460, in which case, the latter shall apply.

Any Sponsor that is not a public agency and is not subject to any state local procurement laws or regulations shall follow the procurement requirements of KRS 424.260.
8. The terms of this Agreement shall not be modified or changed in any way other than by the consent in writing of both parties hereto. By signing this Agreement, the sponsoring organization certifies compliance with the Drug-Free Workplace requirement and the Lobbying requirement. Certification regarding Drug-Free Workplace as required by the Drug-Free Workplace Act of 1988 and implemented by Sections 5151-5160 (P.L. 100-690, title V, Subtitle D; 41 U.S.C. 701 et seq.), 7 CFR Part 3017, Subpart F, Section 30017.600, purpose as amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691)- the sponsoring organization certifies that it will, or will continue to, provide a drug-free workplace.
9. Certification regarding lobbying as required by Section 1352, Title 31, US Code, sponsoring organization receiving \$100,000 or more must certify that:

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- a. No Federal appropriated funds have been paid or will be paid, by or on behalf of the sponsoring organization, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into of a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a cooperative agreement, the sponsoring organization shall complete and submit Standard Form -LLL, 'Disclosure Form to Report Lobbying,' in accordance with its instructions.
- c. The sponsoring organization shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub-recipients shall certify and disclose accordingly.

DISALLOWANCE POLICY

The Summer Food Service Program operates under regulations published in 7 CFR Part 225. These regulations call for periodic review at the site of program operations. If during a review, a representative of the Kentucky Department of Education, School and Community Nutrition, observes a violation of program requirements, he/she must report this to the site supervisor, the sponsor and the State Agency, and require the sponsor to take corrective action. The following identifies program violations regarding meal service which can result in disallowance of some or all meals:

SPONSORS

1. Missing or inadequate components noted on menus and/or Menu and Production Records for period prior to review. (Example: Cheese food as meat alternate.)
2. Insufficient milk was purchased for meals recorded by self-prep sponsors.
3. Insufficient receipts for vended meals recorded. Sponsor has no record of meals received from vendor: either delivery tickets or invoices.
4. Meals served of an unapproved type. [Example: A site serving an unapproved meal (i.e., breakfast, snack, etc.)]
5. Meals served at unapproved sites. Each site must be approved for operation by the Kentucky Department of Education, Division of School and Community Nutrition and approved site sheet and information must be on file and available from the sponsor organization.
6. Meals served at enrolled site(s) where less than 50% of the enrolled participants qualified for free and/or reduced price meals.
7. Missing or inadequate component(s) or portion(s) on the day of review, whether a one site self-prep sponsor or a central kitchen for multiple sites. The analysis of the Menu and Production Records establishes this violation.
8. Any number of claimed second meals for a given month found in excess of 2% of the number of first meals served.

SITE

1. Meals with missing and/or inadequate components.
2. Inadequate portion sizes of any food component.
3. VENDED PROGRAM ONLY: Meals served on day of review were over the CAP approved by the State Agency.
4. Meals served to program participants that are taken off site and consumed.
5. Meals served to adults and counted as reimbursable.

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6. Non-unitized meals served and counted for reimbursement.
7. Meals served with missing or inadequate components as identified from site records for previous days.
8. Approved site is operating with untrained site personnel.
9. Meals observed were served outside the approved serving time as provided to the State Agency.
10. Daily meal count records not taken and/or maintained.

APPEAL PROCEDURES

APPEAL PROCEDURES 702 KAR 6:100. Appeal procedures for Nutrition & Health Services Programs. RELATES TO: KRS 156.070 (5), 156.160(1)(f), 7 CFR 210.18(q), 215.11, 220.13(f)(2), 225.13, 226.6(k), 42 USC 1761, 1766(e), 1772 STATUTORY AUTHORITY: KRS 156.029(7), 156.070(5) NECESSITY, FUNCTION, AND CONFORMITY: KRS 156.070(5) requires the Board of Education to promulgate administrative regulations governing the operation of programs within the Department of Education. This administrative regulation establishes the appeals procedure for a sponsor of a federal nutrition program. SECTION 1. Actions Which May be Appealed (1) A school food authority that sponsors the National School Lunch Program, the Special Milk Program or the School Breakfast Program may appeal the following adverse actions: (a) Denial of all or part of a claim for reimbursement arising from administrative or follow-up review activity; or (b) Withholding payment arising from administrative or follow-up review activity. (2) A sponsor of the Child and Adult Care Food Program, including an independent center or sponsoring organization on behalf of a facility under its jurisdiction, may appeal the following adverse actions: (a) Denial of an institution's application for participation; (b) Denial of an application submitted by a sponsoring organization on behalf of a facility or site; (c) Termination of participation on an institution or facility or site; (d) Suspension of an institution's Agreement; (e) Denial of an institution's application for start-up payments; (f) Denial of an advance payment; (g) Denial of all or part of a claim for reimbursement; (h) Demand for the remittance of an overpayment; or (i) Any other action of the Department of Education affecting the participation of an institution in the program or the institution's claim for reimbursement. (3) A program sponsor or a food service management company (FSMC) participating in the Summer Food Service Program for Children may appeal the following adverse actions: (a) Denial of an application for participation; (b) Denial of a sponsor's request for an advance payment; (c) Denial of a sponsor's claim for reimbursement, except for a late claim under 7 CFR 225.9(d)(5); (d) Refusal of a state agency to forward to the Division of School & Community Nutrition an exception request for payment of a late claim or a request for an upward adjustment to a claim; (e) A claim against a sponsor for remittance of a claim; (f) Termination of the sponsor or a site; (g) Denial of a sponsor's application for a site; or (h) Denial of a food service management company's application for a registration or the revocation of a food service management company's registration. SECTION 2. (1) Appeal Procedures (a) A program sponsor aggrieved by an adverse action of the Division of Nutrition and Health Services (the "division") may appeal the action by filing a timely request for a review. The request shall be filed with the Director, Nutrition & Health Services, Kentucky Department of Education, 2545 Lawrenceburg Road, Frankfort, Kentucky 40601. (b) The request shall be in writing and shall state the name and address of the program sponsor and the name and title of the person who signed the request. (c) The request shall be postmarked or received by the division prior to midnight of the fifteenth calendar day (tenth working day in the case of the Summer Food Service Program) after receipt of the notice of adverse action. If the 15th day (tenth working day in the case of the Summer Food Service Program) falls on a Saturday, Sunday, or federal legal holiday, the request shall be timely if it is postmarked or received the next day which is not a Saturday, Sunday, or federal legal holiday. (d) A program sponsor which has filed an appeal and request for review may examine and copy the information in the division files upon which the adverse action was based. (e) During the review process, a program sponsor shall: 1. Represent itself; or 2. Be represented by legal counsel. (2)(a) A request for appeal shall clearly identify the adverse action being appealed, the basis of the appeal, and the relief or remedy sought. It shall also include the date of the letter or other written communication from the Division notifying the program sponsor of the proposed adverse action, and the name and title of the division official who signed the letter or communication. If a hearing before a hearing officer is desired, that shall be clearly stated. (b) An appellant program sponsor may submit written information in support of its position at the time it files its appeal and request for review with a hearing officer. It may also submit additional written information to the designated hearing officer up to thirty (30) calendar days after receipt of the division notice of adverse action. (3)(a) The division shall forward any request for appeal to the Director, Division of Administrative Hearings, Office of the Attorney General. The request for appeal shall be accompanied by a copy of the notice of adverse action sent by the Division of Nutrition and Health Services. (b) The administrative hearing procedures of KRS Chapter 13B shall apply. Pursuant to 7 CFR 210.18(q)(9), 220.13(f)(2), 225.13(b)(12) and 226.6(k)(10), the decision of the hearing officer shall be the final administrative determination. (c) In case of a denial of an application to participate in the program, the determination of the hearing officer shall either sustain the denial or shall direct that the appellant be approved for limited or full participation. (d) In case of a denial of all or part of a claim for reimbursement, start-up payment, advance payment, or demand for refund of any overpayment, the determination of the hearing officer shall either sustain the action under appeal or specify the amount of the claim for reimbursement, start-up payment, advance payment, or refund of overpayment to be paid. (e) In the case of the termination of a appellant's participation in the program, the determination of the hearing officer shall either sustain the termination or shall direct that the appellant be permitted to continue participation in the program. (25 Ky.R. 1768; Am. 2149; eff. 3-1-1999.)

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INSTRUCTIONS FOR RELEASING INFORMATION TO MEDIA

Federal program regulations [25.15(e)] require that information about the Summer Food Service Program must be submitted for media release by each sponsor.

1. Either complete the media release which is provided or submit one prepared by your program media relations personnel. Please review the one prepared by your agency to ensure it contains the same information as is provided in the sample.
2. The media release must be submitted to:
 - a. Public information media such as local newspaper, radio and/or television.
 - b. A minority grassroots organization such as civic organizations, community Action programs, minority newspaper, migrant groups, local chapters of NAACP, churches or neighborhood councils.
3. Make a copy of the release. Attach it to the Media Release form and submit it to the State Agency. Even if the release will be sent after you submit your application, please have it prepared and submit it at the same time. Don't forget to make copies for your files.
4. Make sure that your news release is pertinent for the program you will be operating. Don't advertise an enrolled site as an open site.

NONDISCRIMINATION CLAUSE

The SPONSORING ORGANIZATION HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the Regulations of the Department of Agriculture (7 CFR Part 15), Department of Justice (28 CFR Parts 42 and 50), and FCS directives or regulations issued pursuant to that ACT and the Regulations, to the effect that no person in the United States shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation under any program or activity for which the applicant receives federal financial assistance from the Department of Agriculture; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal financial assistance, grants and loans of federal funds, reimbursable expenditures, grant or donation of federal property and interest in property, the detail of federal personnel, the sale and lease of, and the permission to use, federal property or interest in such property or the furnishing of services without consideration or at a consideration which is reduced for the purpose of assisting the recipient, or any improvements made with federal assistance extended to the applicant by the Department. This includes any federal improvements made with federal assistance extended to the applicant by the Department. This includes any federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance such as food, food stamps, cash assistance for the purchase of food, and cash assistance for the purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

BY ACCEPTING THIS ASSURANCE, the sponsor agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of Title VI and permit authorized USDA personnel and Kentucky Department of Education personnel during normal working hours to review such records, books, and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, the Department of Agriculture, Food and Consumer Service, and the Department of Education shall have the right to seek judicial enforcement of this assurance.

THIS ASSURANCE is binding on the sponsor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Kentucky Department of Education. The person whose signature appears below is authorized to sign this assurance on behalf of the sponsor.

POLICY STATEMENT

Assurance is given to all children in attendance every day and to the Kentucky Department of Education that all children at the site(s) described in the Site Information Sheet(s) are served the same meal(s) at no separate charge excluding residential camps regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the meal service.

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Assurance is hereby given that we have made available to the informational media serving the area from which our institution draws its attendance, a public release announcing the policy as stated above.

Assurance is given that the current Income Guidelines are used in determining eligibility of children in enrollment programs and at camp sites; and that information documenting low income eligibility for the Summer Food Service Program will be maintained on file for 3 years.

I HEREBY CERTIFY that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of Federal funds; that the Department officials may, for cause, verify information; and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes. If a government sponsor, I certify that the Program is directly operated at all sites.

Signing authority is responsible for notifying Board of Education and Administrators of the legal ramifications of all approval documents.

Signature	Title	Date	Kentucky Department of Education
Sabrina Jewell	Director	05/12/2012	Signature

Deanna Tackett/cg

Title

Director of NHS

Approval Date

05/15/2012

Fiscal Year

2012

This agreement shall be effective with respect to meals served commencing:

10/01/2011

To 09/30/2012

NH2510A

05/16/2012

SFSP Site Summary

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

Sponsor Number

	# Sites	Breakfast
	17	8
		AM Snack
051-V09-999-SU		0
		Lunch
		9
		PM Snack
		0
		Supper
		7

Site Number

	Site Name:	SOUTH HEIGHTS ELEMENTARY				
	Address:	POND & WRIGHT ST				
	City:	HENDERSON	State:	KY	Zip Code:	42420
	Phone Number:	2708315080				
	Type of Site:	Open				
051-V09-001-SU	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP	
Approved Date:	A. Breakfast:	07:45 am	08:30 am	250	300	
05/15/2012	B. AM Snack:					
Original Date:	C. Lunch:	11:00 am	12:30 pm	300	360	
05/15/2012	D. PM Snack:					
	E. Supper:					
	Days of Food Service Operation:	46				
	Beginning Date:	05/21/2012				
	Ending Date:	07/25/2012				
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday, Friday				
	New Site?:	No; Pre-operational visit conducted:				

Site Number

Site Name:	BEND GATE				
Address:	920 BEND GATE				
City:	HENDERSON	State:	KY	Zip Code:	42420
Phone Number:	2708315040				
Type of Site:	Open				

SFSP Site Summary

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP
051-V09-002-SU	A. Breakfast:	08:00 am	08:30 am	150	180
Approved Date:	B. AM Snack:				
05/15/2012	C. Lunch:	11:30 am	12:00 pm	250	300
Original Date:	D. PM Snack:				
05/15/2012	E. Supper:				
	Days of Food Service Operation:	42			
	Beginning Date:	05/21/2012			
	Ending Date:	07/25/2012			
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday, Friday			
	New Site?:	No; Pre-operational visit conducted:			

Site Number

Site Name: EAST HEIGHTS ELEMENTARY
Address: 1776 ADMAS LANE
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708315070
Type of Site: Open

	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP
051-V09-006-SU	A. Breakfast:	08:00 am	08:30 am	150	180
Approved Date:	B. AM Snack:				
05/15/2012	C. Lunch:	11:30 am	12:30 pm	250	300
Original Date:	D. PM Snack:				
05/15/2012	E. Supper:				
	Days of Food Service Operation:	42			
	Beginning Date:	05/21/2012			
	Ending Date:	07/25/2012			
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday, Friday			
	New Site?:	No; Pre-operational visit conducted:			

Site Number

Site Name: JEFFERSON ELEMENTARY
Address: 315 JACKSON ST
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708315090
Type of Site: Open

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	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP
051-V09-007-SU	A. Breakfast:	08:00 am	08:30 am	60	72
Approved Date:	B. AM Snack:				
05/15/2012	C. Lunch:	11:30 am	12:00 pm	120	144
Original Date:	D. PM Snack:				
05/15/2012	E. Supper:				
	Days of Food Service Operation:	42			
	Beginning Date:	05/21/2012			
	Ending Date:	07/25/2012			
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday, Friday			
	New Site?:	No; Pre-operational visit conducted:			

Site Number

Site Name: NORTH MIDDLE SCHOOL
Address: 1707 SECOND STREET
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708315050
Type of Site: Open

	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP
051-V09-011-SU	A. Breakfast:	08:00 am	08:30 am	100	120
Approved Date:	B. AM Snack:				
05/15/2012	C. Lunch:	11:30 am	12:30 pm	150	180
Original Date:	D. PM Snack:				
05/15/2012	E. Supper:				
	Days of Food Service Operation:	16			
	Beginning Date:	06/04/2012			
	Ending Date:	06/28/2012			
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday			
	New Site?:	No; Pre-operational visit conducted:			

Site Number

Site Name: SOUTH MIDDLE SCHOOL
Address: 800 S ALVES STREET
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708315050
Type of Site: Open

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	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP
051-V09-012-SU	A. Breakfast:	07:30 am	08:00 am	100	120
Approved Date:	B. AM Snack:				
05/15/2012	C. Lunch:	12:00 pm	01:00 pm	150	180
Original Date:	D. PM Snack:				
05/15/2012	E. Supper:				
	Days of Food Service Operation:	16			
	Beginning Date:	06/04/2012			
	Ending Date:	06/28/2012			
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday			
	New Site?:	No; Pre-operational visit conducted:			

Site Number

Site Name: HENDERSON COUNTY HS
Address: 2424 ZION ROAD
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708318865
Type of Site: Open

	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP
051-V09-021-SU	A. Breakfast:	07:30 am	08:00 am	200	240
Approved Date:	B. AM Snack:				
05/15/2012	C. Lunch:	11:30 am	01:00 pm	500	600
Original Date:	D. PM Snack:				
05/15/2012	E. Supper:				
	Days of Food Service Operation:	42			
	Beginning Date:	05/21/2012			
	Ending Date:	07/25/2012			
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday, Friday			
	New Site?:	No; Pre-operational visit conducted:			

Site Number

Site Name: LAWNSDALE BAPTIST CHURCH
Address: 841 DIXON
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708274072
Type of Site: Open

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Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

051-V09-023-SU Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
Approved Date: A. Breakfast:
05/15/2012 B. AM Snack:
Original Date: C. Lunch:
05/15/2012 D. PM Snack:
E. Supper: 05:15 pm 05:45 pm 150 180
Days of Food Service Operation: 4
Beginning Date: 06/04/2012
Ending Date: 06/07/2012
Days of Week Site Operates: Monday,Tuesday,Wednesday,Thursday
New Site?: No; Pre-operational visit conducted:05/24/2010

Site Number

Site Name: HENDERSON GENERAL BAPTIST
Address: 2880 ZION ROAD
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708273912
Type of Site: Open

051-V09-025-SU Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
Approved Date: A. Breakfast:
05/15/2012 B. AM Snack:
Original Date: C. Lunch:
05/15/2012 D. PM Snack:
E. Supper: 05:30 pm 06:00 pm 150 180
Days of Food Service Operation: 4
Beginning Date: 06/04/2012
Ending Date: 06/07/2012
Days of Week Site Operates: Monday,Tuesday,Wednesday,Thursday,Friday
New Site?: No; Pre-operational visit conducted:05/27/2010

Site Number

Site Name: EASTVIEW BAPTIST CHURCH
Address: 1017 EARL STREET
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708275369
Type of Site: Open

SFSP Site Summary

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

051-V09-026-SU
Approved Date: 05/15/2012
Original Date: 05/15/2012

Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
A. Breakfast:
B. AM Snack:
C. Lunch:
D. PM Snack:
E. Supper: 06:00 pm 07:00 pm 75 90
Days of Food Service Operation: 4
Beginning Date: 06/11/2012
Ending Date: 06/14/2012
Days of Week Site Operates: Monday, Tuesday, Wednesday, Thursday
New Site?: No; Pre-operational visit conducted: 06/04/2010

Site Number

Site Name: COUNTRYVIEW BAPTIST CHURCH
Address: 2067 GREGORY DRIVE
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708267350
Type of Site: Open

051-V09-028-SU
Approved Date: 05/15/2012
Original Date: 05/15/2012

Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
A. Breakfast:
B. AM Snack:
C. Lunch:
D. PM Snack:
E. Supper: 06:30 pm 07:30 pm 75 90
Days of Food Service Operation: 13
Beginning Date: 05/23/2012
Ending Date: 07/25/2012
Days of Week Site Operates: Wednesday
New Site?: No; Pre-operational visit conducted: 05/20/2010

Site Number

Site Name: FIRST BAPTIST CHURCH
Address: 307 CENTER ST
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708262332
Type of Site: Open

SFSP Site Summary

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

051-V09-030-SU
Approved Date: 05/15/2012
Original Date: 05/15/2012

Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
A. Breakfast: 07:45 am 08:45 am 250 300
B. AM Snack:
C. Lunch:
D. PM Snack:
E. Supper:
Days of Food Service Operation: 5
Beginning Date: 06/18/2012
Ending Date: 06/22/2012
Days of Week Site Operates: Monday,Tuesday,Wednesday,Thursday,Friday
New Site?: No; Pre-operational visit conducted:05/27/2010

Site Number

Site Name: ZION BAPTIST CHURCH
Address: 8158 HWY 351
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708264952
Type of Site: Open

051-V09-035-SU
Approved Date: 05/15/2012
Original Date: 05/15/2012

Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
A. Breakfast:
B. AM Snack:
C. Lunch:
D. PM Snack:
E. Supper: 05:15 pm 06:00 pm 350 420
Days of Food Service Operation: 4
Beginning Date: 06/11/2012
Ending Date: 06/14/2011
Days of Week Site Operates: Monday,Tuesday,Wednesday,Thursday
New Site?: No; Pre-operational visit conducted:06/20/2010

Site Number

Site Name: CHAPEL HILL UNITED METHODIST
Address: 2601 US HWY 60 E
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708263593
Type of Site: Open

SFSP Site Summary

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

<p>051-V09-037-SU</p> <p>Approved Date:</p> <p>Original Date:</p> <p>06/08/2011</p>	<p>Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP</p> <p>A. Breakfast:</p> <p>B. AM Snack:</p> <p>C. Lunch:</p> <p>D. PM Snack:</p> <p>E. Supper: 05:30 pm 06:00 pm 125 150</p> <p>Days of Food Service Operation: 4</p> <p>Beginning Date: 07/23/2012</p> <p>Ending Date: 07/26/2012</p> <p>Days of Week Site Operates: Monday,Tuesday,Wednesday,Thursday</p> <p>New Site?: No; Pre-operational visit conducted:07/07/2009</p>
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Site Number

Site Name: FIRST MISSIONARY BAPTIST

Address: 20 S. ELM ST.

City: HENDERSON State: KY Zip Code: 42420

Phone Number: 2708601482

Type of Site: Open

<p>051-V09-049-SU</p> <p>Approved Date:</p> <p>05/15/2012</p> <p>Original Date:</p> <p>05/15/2012</p>	<p>Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP</p> <p>A. Breakfast:</p> <p>B. AM Snack:</p> <p>C. Lunch:</p> <p>D. PM Snack:</p> <p>E. Supper: 06:00 pm 06:30 pm 150 180</p> <p>Days of Food Service Operation: 4</p> <p>Beginning Date: 06/04/2012</p> <p>Ending Date: 06/07/2012</p> <p>Days of Week Site Operates: Monday,Tuesday,Wednesday,Thursday,Friday</p> <p>New Site?: No; Pre-operational visit conducted:05/28/2010</p>
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Site Number

Site Name: ABUNDANT LIFE ASSEMBLY OF GOD

Address: 5540 US HIGHWAY 41

City: HENDERSON State: KY Zip Code: 42420

Phone Number: 2708260700

Type of Site: Open

SFSP Site Summary

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

051-V09-053-SU
Approved Date: 05/15/2012
Original Date: 05/15/2012

Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
A. Breakfast:
B. AM Snack:
C. Lunch:
D. PM Snack:
E. Supper: 05:30 pm 06:00 pm 75 90
Days of Food Service Operation: 9
Beginning Date: 05/23/2012
Ending Date: 07/25/2012
Days of Week Site Operates: Wednesday
New Site?: No; Pre-operational visit conducted:06/01/2011

Site Number

Site Name: ADVANCE BAPTIST CHURCH
Address: 10069 STATE ROUTE
City: BASKETT State: KY Zip Code: 42420
Phone Number: 2708310306
Type of Site: Open

051-V09-054-SU
Approved Date: 05/15/2012
Original Date: 05/15/2012

Type of Meals to be Served Time Meal Service Begins Time Meal Service Ends ADA CAP
A. Breakfast:
B. AM Snack:
C. Lunch: 12:00 pm 12:40 pm 60 72
D. PM Snack:
E. Supper:
Days of Food Service Operation: 46
Beginning Date: 05/21/2012
Ending Date: 07/25/2012
Days of Week Site Operates: Monday,Tuesday,Wednesday,Thursday,Friday
New Site?: No; Pre-operational visit conducted:05/31/2011

Site Number

Site Name: ST. PAUL'S EPISCOPAL CHURCH
Address: 5 S. GREEN ST.
City: HENDERSON State: KY Zip Code: 42420
Phone Number: 2708262937
Type of Site: Open

SFSP Site Summary

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

	Type of Meals to be Served	Time Meal Service Begins	Time Meal Service Ends	ADA	CAP
051-V09-065-SU	A. Breakfast:				
Approved Date:	B. AM Snack:				
05/15/2012	C. Lunch:	12:00 pm	12:30 pm	150	180
Original Date:	D. PM Snack:				
05/15/2012	E. Supper:				
	Days of Food Service Operation:	4			
	Beginning Date:	06/04/2012			
	Ending Date:	06/07/2012			
	Days of Week Site Operates:	Monday, Tuesday, Wednesday, Thursday			
	New Site?:	Yes; Pre-operational visit conducted: 05/04/2012			

SFSP Application / Management Plan

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

1. Sponsor Information: If the information below is not correct, you must contact the State Agency to have your records updated.

Address: 1805 SECOND STREET
City: HENDERSON State: KY Zip Code: 42420
Phone: 270-831-5015 County: Henderson

2. School Food Service Director/Administrator Information:

Name of School Nutrition Director: Sabrina Jewell
Title of School Nutrition Director: Director of Nutrition
Email of School Nutrition Director: sabrina.jewell@henderson.kyschools.us

3. Check any month(s) in which you will NOT operate the approved programs at any site:

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

4. Check Type of Sponsor:

☒ Public, private or parochial school.
☐ City, county, municipal, or state government.
☒ Public or private nonprofit residential camp.
☐ Private nonprofit organization.
☐ If private institution, submit 501C3 letter to State Agency.

5. Total Days of Operation:

46

6. Estimated Number of children to be served daily:

600

7. Estimated Percentage of Attending Children from low income families:

65 %

8. Method by which meals will be provided:

☒ Preparation at food service site
☐ Under contract with food management company. If school food service facilities will not be used, give reason why, and the name of the school contacted. Reason:
Name of the school:
☐ Under contract with local school system
☒ Prepared by sponsor at central location. Location of central kitchen: South Heights, Henderson County Hig
☒ Combination of the above. Explain: We prepare at two kitchens and satellite to some.

SFSP Application / Management Plan

Sponsor Name: HENDERSON COUNTY BOE SCHL

Sponsor Number: 051-V09-999-SU

FEID: 616001295-EXX

8b. If under contract with FSMC, was a bid required?

☐ Yes ☐ No

If yes, submit a copy of the Invitation for Bid (IFB) and schedule of bid dates with the checklist.

9. Estimated Budget for Food Service Operation (include only costs which will be claimed):

Food Service Operating Budget

Food and Milk	50000
Direct Labor	35000
Non-food Supplies	3000
Facilities Services	
Transportation of Children (Rural Sponsors Only)	
Total Operating Costs	88000

Administrative Budget

Management Salaries	15000
Monitoring and Clerical	5000
Mileage	1000
Communications	
Other (Rural Sponsors Only)	
Total Administrative Budget	21000

For State Use Only

Consultant cg

Expenditure Code R

Administrative Code B

Approved Administrative Budget 110000

10. Training Responsibility:

Give tentative dates sponsor will conduct training sessions for personnel and person responsible for conducting training:

Training Date	Training Name
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05/22/2012	Sabrina Jewell
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05/01/2012	Sabrina Jewell
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11. Sponsor Responsibility:

☒ Yes ☐ No Are the arrangements for providing food service at all sites such that the sponsors will directly operate the program and have final financial and administrative responsibility for conducting the food service operation?

12. Year-round Service:

☒ Yes ☐ No Does the service institution provide an on-going, year-round service to the community that would be served by the summer food service program? If yes, describe; if No, explain

SFSP Application / Management Plan

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

education

13. Identify by Name and Title the Person(s) Who:

	Name	Title
Is authorized to approve purchases, rentals, overtime pay, and sign checks.	Walt Spencer	Finance Officer
Is responsible for documenting participation costs and income data, as well as preparing claims for reimbursement.	Sabrina Jewell	Director
Is responsible for supervision of monitors, reviewing site report forms, restrictions, corrections, or terminations of food service if major deficiencies are reported.	Sabrina Jewell	Director

If an agency other than the sponsoring organization is providing site personnel, give agency name, person responsible and title of person responsible for communication between sponsoring organization and other agencies.

Agency Name

14. Administrative Personnel:

List personnel involved with management, planning and supervising the food service program (DO NOT list persons who prepare, serve, and transfer food).

Title	# in Position	# Hours per Day	Salary per Hour V=Volunteer	Source of Salary (Sponsor, etc.)	Specific Food Service Duties
Sabrina Jewell	1	2	17.84	sponsor	monitor visits, food order, site report forms
Clara Ann Reynolds	1	8	13.00	sponsor	monitor visits, food order, site report forms

15. Schedule Monitoring:

Outline your schedule for monitoring food service operation at sites.

Pre op visit and first week visit to each new site and review visits to all sites during food service operation

16. Correcting Deficiencies:

Specify time limits for correcting deficiencies and method of follow-up to ensure deficiencies have been corrected.

Deficiencies will be corrected immediately and proper guidance, support, assistance provided to ensure correction of deficiency with follow up checks to guarantee continued compliance.

17. Civil Rights Compliance:

Give an estimate of the racial/ethnic makeup of the area to be served by number of persons – NOT PERCENTAGES.

SFSP Application / Management Plan

Sponsor Name: HENDERSON COUNTY BOE SCHL Sponsor Number: 051-V09-999-SU FEID: 616001295-EXX

Ethnicity:

Hispanic or Latino	Not Hispanic or Latino	Total
858	45392	46250

Race:

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
96	196	3590	13	42355	46250

How was this estimate derived?

2010 US Census Bureau report county data

Describe your procedure for handling any civil rights complaints filed with your agency alleging discrimination in the food program on the basis of race, color, national origin, age, sex, or disability.

Follow school board policy and state, federal laws. Complaints will be sent to the state agency within 24 hours of receipt.

18. Federal Funding Sources:

☒ Yes ☐ No Does the institution/agency receive/expect or expect to receive/expect a total of \$500,000 or more in any federal fund awards during the fiscal year?

19. What efforts are used to assure that underserved populations have an equal opportunity to participate?

media alerts to churchs in those areas, radio, tv, posters, announcements at school before summer break and information posted on school signs all summer

20. What efforts are used to contact grassroots organizations about the opportunity to participate?

The school district community outreach coordinator has assisted with getting the message to those types of organizations

21. Enter the names of all other federal agencies providing assistance to your organization.

Name of Federal Agencies

Free & reduced meal program

22. Have you ever been found to be in noncompliance by any federal agency?

☐ Yes ☒ No

I certify that the information on this application is true and correct to the best of my knowledge; that reimbursement will be claimed only for meals served to children at approved food service sites; and that these sites have been visited and have the capability and facilities for the meal service planned for the number of children anticipated to be served. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. I understand that the program must be made available to all eligible children regardless of race, color, national origin, age, sex, or disability. As a government sponsor, I certify that the program is directly operated at all sites.

Sponsor Initials

sj

For State Use Only

cg Consultant
05/15/2012 Approved Date

SFSP Application / Management Plan

Sponsor Name: HENDERSON COUNTY BOE SCHL

Sponsor Number: 051-V09-999-SU

FEID: 616001295-EXX

05/15/2012	Original Date
0	Program Advance
0	Admin Advance

NHSFSCG 05/15/2012

STATEMENT OF AUTHORITY

Agreement Number: 051-V09-999-SU _____

Sponsor Name: Henderson County BOE Schools _____

Address: 1805 Second St _____

City/State/Zip: Henderson, KY 42420 _____

Phone Number: 270-831-5015 _____

I, the undersigned, state that the providers for which we are herewith submitting an application for the Summer Food Service Program (SFSP) are an integral part of the above named organization.

All funds relating to the Summer Food Service Program shall be subject to the control of the duly constituted governing body of the organization, and that all funds received shall be used exclusively for the purpose of operating the Summer Food Service Program.

The following named individual(s) is/are duly authorized to sign official documents in connection with the sponsor's operation of the SFSP:

Sabrina Jewell
Signature of Authorized Representative

Director
Title

Cindy Cloutier
Signature of Authorized Representative

Financial Analyst
Title

The undersigned certifies that he/she has the authority to represent the sponsoring organization/independent center named above. It is also understood that the information on this form is being given in connection with the receipt of Federal funds and that all of the provisions of the Agreement apply.

James L. Juby
Signature, Chairman of the Board / Superintendent

5-9-12
Date

Child Nutrition Summer Meals Program

Managers \$13.00 per hour

Debbie Walters	South Heights
Kathy Chrisman	HCHS day
Joyce Whitlow	HCHS evening as needed
Ann Reynolds	program monitor

Cook/Bakers \$10.15

South Heights

JoAnn Bennett	Debbie Grant	Jane Roberson
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HCHS day

Irene Burton	Marsha Harmon	Cathy Best	Lorraine Dixon
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HCHS evening as needed

Debra Walters	Amye London
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Transporters

Penny Griffin	Connie Hogberg
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Subs \$10.15

Sheila Roberts	270-577-0354	Lynda Willett
Cassie Westerman	270-724-4817	
Shayla McGill	270-860-8161	
Ray (Lauren) Hall	270-577-3602	
Lavonda Skaggs	270-748-2987	

Sponsor Name: Henderson Co BOE Schools

Agreement Number: 051V09999

SFSP Menu Planner

SFSP Breakfast:: Minimum Meal Pattern- 8 oz. Fluid Milk, ½ c. Fruit/Juice/Vegetable, and 1 serving Grain/Bread. May add Meat/Meat Alt.

Component	Day 1	Day 2	Day 3	Day 4	Day 5
Milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk
Portion Size	8 fl oz	8 fl oz	8 fl oz	8 fl oz	8 fl oz
F/V	Applesauce	Peaches	Banana	Melon chunks	Orange slices
Portion Size	½ cup	½ cup	½ cup	½ cup	½ cup
G/B	Cereal, ready to eat, WG	WG biscuit	Maple Brown Sugar Granola Bar	WG biscuit	Teddy Grahams
Portion Size	¾ cup	1.2 oz	1.26 oz	1.2 oz	1 oz
M/M/A (Optional)		Sausage		Sausage	Yogurt
Portion Size		1 oz		1 oz	4 oz

SFSP Lunch:: Minimum Meal Pattern- 8 oz. Fluid Milk, ¾ c. Total Serving Fruit/Juice/Veg (from 2 items)(juice can not be counted as more than ½ of the F/V requirement), 1 serving Grain/Bread, and 2 oz. Meat/Meat Alt.

Component	Day 1	Day 2	Day 3	Day 4	Day 5
Milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk
Portion Size	8 fl oz	8 fl oz	8 fl oz	8 fl oz	8 fl oz
M/M/A	Honey BBQ Chicken Strips	Chef Salad: Ham & Cheese	Chicken Rings	Skillet Lasagna (D-25)	Hamburger
Portion Size	2 oz	1 oz Ham, 1 oz cheese	5 = 2 oz	2 oz (5x5 square)	2.4 oz
1 st F/V	Baked Beans	Lettuce, spinach, broccoli, tomato, cucumbers,	Creamed Potatoes	Garden Salad	Cooked Carrots
Portion Size	½ cup	¾ cup	½ cup	½ cup	½ cup
2 nd F/V	Strawberries		Green Beans	Apple slices	Pineapple tidbits
Portion Size	½ cup		½ cup	½ cup	½ cup
G/B	WG Breadstick	<i>WG Croissants</i>	WG roll	WG Breadstick	WG Bun
Portion Size	1 oz	<i>1 oz</i>	1.5 oz	1 oz	2 oz

SFSP Menu Planner

SFSP Supplement: Minimum Meal Pattern- Select 2 of 4 Component/Groups 8 oz. Fluid Milk, ¼ c. Fruit/Juice/Veg, 1 serving Grain/Bread, or 1 oz. Meat/Meat Alt.

Component		Day 1	Day 2	Day 3	Day 4	Day 5
Milk	Item					
	Portion Size					
F/V	Item					
	Portion Size					
G/B	Item					
	Portion Size					
M/MA	Item					
	Portion Size					
Other (Optional)	Item					
	Portion Size					

SFSP Supper:: Minimum Meal Pattern- 8 oz. Fluid Milk, ¼ c. Total Serving Fruit/Juice/Veg (from 2 items)(juice cannot be counted as more than ½ of the F/V requirement), 1 serving Grain/Bread, and 2 oz. Meat/Meat Alt.

Component		Day 1	Day 2	Day 3	Day 4	Day 5
Milk	Item	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk	Low fat/fat-free milk
	Portion Size	8 fl oz	8 fl oz	8 fl oz	8 fl oz	8 fl oz
M/MA	Item	Grilled chicken patty	Ham & Cheese	Chicken Rings	Ravioli	Turkey & cheese
	Portion Size	2.4 oz	2.5 oz	5 = 2 oz	8 pieces = 2 oz (1 cup portion)	2.5 oz
1 st F/V	Item	Orange slices	Mixed fruit cup	Creamed Potatoes	California blend	Banana
	Portion Size	½ cup	1/2 cup	½ cup	½ cup	½ cup
2 nd F/V	Item	Lettuce/tomato	Broccoli	Green Beans	Fruit Shape Ups	Cole slaw
	Portion Size	¼ cup	½ cup	½ cup	¼ cup	¼ cup
G/B	Item	WG Bun	WG bread	WG roll	WG breadstick	WG bread
	Portion Size	2 oz	2 oz	1.5 oz	1 oz	2 oz