



Division of Food Distribution & Warehousing
Corning Tower Bldg., Room 2925
Empire State Plaza
Albany, NY 12242

| |
|--------------------------------|
| Agreement No. _____ |
| Federal ID No. _____ |
| Telephone No. _____ |

SPECIAL MILK PROGRAM APPLICATION

ELIGIBILITY PROVISION: Any nonprofit school, camp or institution that is exempt from income tax under the Internal Revenue Code, as amended and any such school, camp or institution established and operating for the care and training of CHILDREN may apply for participation in the Program.

INSTRUCTIONS: The sponsor should legibly complete an original and one copy of this form, preferably by typewriter or indelible pencil, for each school, camp or institution applying for participation. The original of the form should be forwarded to the OGS-DFD&W, and the copy should be retained in the files of the sponsor. The sponsor is the governing body of the school, camp or institution, or the nonprofit agency (Parent-Teacher Association, civic or service group) which will

Any such school, camp or institution providing care and training for both CHILDREN AND ADULTS may be required to furnish information which demonstrates a practical basis of keeping records and claiming reimbursement on milk served to children.

operate the Program on behalf of the governing body of the school, camp or institution. If the sponsor is to be such a nonprofit agency, the governing body of the school, camp or institution must complete the delegation of authority in item 3 of this form. **Give the exact name and address of the sponsor in item 1 of this form because reimbursement checks will be drawn in that name and will be mailed to that address.**

1. NAME AND ADDRESS OF SPONSOR (THE SAME AS ENTERED ON AGREEMENT, TYPE OR PRINT.)

Name: _____

Address: _____

Contact Name: _____

2. NAME AND LOCATION OF SCHOOL, CAMP OR INSTITUTION IF OTHER THAN AS SHOWN IN ITEM 1 (If "same," so indicate) TYPE OR PRINT.

Name: _____

Address: _____

3. IF THE SPONSOR IS NOT THE GOVERNING BODY OF THE SCHOOL, CAMP OR INSTITUTION, THE FOLLOWING DELEGATION OF AUTHORITY MUST BE COMPLETED BY AN OFFICAL OF THE GOVERNING BODY:

The sponsor name in item 1 is hereby authorized to control and operate the Special Milk Program in the school, camp or institution name in Item 2, and to enter into an agreement with the OGS-DGDF in connection with operation of the Program.

| (Date Completed) | (Title) | (Printed Name) | (Signature of Official of School, Camp, or Institution) |
|------------------|---------|----------------|---|
|------------------|---------|----------------|---|

4. INDICATE TYPE OF NONPROFIT SCHOOL, CAMP OR INSTITUTION: (Fill in, as applicable)

| | |
|---|---|
| <input type="checkbox"/> Day School, Grades _____ to _____ | <input type="checkbox"/> Day Camp for Children |
| <input type="checkbox"/> Boarding School, Grades _____ to _____ | <input type="checkbox"/> Summer Camp for Children |
| <input type="checkbox"/> Day and Boarding School, Grades _____ to _____ | <input type="checkbox"/> Family Camp |
| <input type="checkbox"/> Vocational Training School | <input type="checkbox"/> Recreational Center |
| <input type="checkbox"/> Combination High School-Junior College | <input type="checkbox"/> Child-Care Center |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Settlement House |
| <input type="checkbox"/> Nursery School | <input type="checkbox"/> Orphanage |

Other (Specify) _____

5. INDICATE WHETHER SCHOOL, CAMP OR INSTITUTION IS PUBLIC OR PRIVATE ("Private" means parochial, church-supported, etc.)

Public Private

6. PERIOD OF ATTENDANCE

| | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> 24-Hour | <input type="checkbox"/> Morning |
| <input type="checkbox"/> All Day | <input type="checkbox"/> Afternoon |

7. INDICATE AVERAGE DAILY ATTENDANCE

_____ Children
 _____ Adult Staff Members and Employees
 _____ Adults Enrolled for Care and Training
 _____ Total Persons

DEFINITION OF ADULTS: Adults are all persons who are (1) staff members and employees of a school, or camp, or an institution, including all faculty, supervisory and other personnel, and (2) high school graduates or 21 years of age and over and enrolled for care and training in a combination high school and junior college, vocational training school, or camp, or an institution. Exception: Camp counselors under 21 years of age shall not be regarded as adults.

(over)

8. If this application is for a school, is the school participating in the National School Lunch Program? Yes No
9. If the answer to Item 8 is "No," is the school planning to apply for participating in the National School Lunch Program? Yes No
10. Is the food or milk service in the school, camp or institution operated by a concessionaire or food service management company? Yes No
11. If for a school the answer to Item 10 is "Yes," the school is not eligible for participation in the Program. If for a camp or an institution the answer to Item 10 is "Yes," attach copy of the contract with the concessionaire or food service management company.

FOOD OR MILK SERVICE PROVISION: Any school which operates its food or milk service under a contractual arrangement with a concessionaire or food service management company or under similar arrangement is not eligible for participation in the Program, even though the school itself obtains no profit from the operation of the food or milk service. Any camp or institution which operates its food or milk service under a contractual arrangement with a concessionaire or food service management company may be approved for participation provided the contractual arrangement is approved by OGS-DFD&W.

| | | |
|---|--------------|--|
| 12. OPENING AND CLOSING DATES ON MILK SERVICE IN THE SCHOOL, CAMP OR INSTITUTION, BETWEEN OCTOBER 1 THIS YEAR AND SEPTEMBER 30 NEXT YEAR (If "year-round," enter that in the "Opening Date" space). | | 13. NUMBER OF DAYS OF OPERATION PER WEEK |
| Opening Date | Closing Date | |

14. INDICATE NATURE OF THE MILK SERVICE IN THE SCHOOL, CAMP OR INSTITUTION: (Complete A, B, or C, as applicable)
- A. **PRICING PROGRAM:** Milk is sold to children at a separate price per half pint which is paid either daily when the milk is served, or on a weekly or other payment basis. The separate price per half pint which children would normally pay for milk will be lowered, or reduced to "Zero" wherever possible, by making maximum use of reimbursement payments pursuant to Special Milk Program Agreement based on this Application. (If this item is applicable, complete Items 15, 16, and 18.)
- B. **NONPRICING PROGRAM:** Milk is not sold to children at a separate price per half pint, but is provided them, along with food and other services in a school, camp or institution, financed by a tuition, boarding, camping or other fee, or from tax sources or by private donations or endowments. Specific service practices to encourage increased fluid milk consumption by children will be placed in effect with assistance of reimbursement payments pursuant to Special Milk Program Agreement based on this Application. (If this item is applicable, complete Items 17 and 18.)
- C. **COMBINATION PRICING AND NONPRICING PROGRAM:** Combination of A and B above. (If this item is applicable, complete ALL remaining items.)

15. Cost of milk per half pint, (The purchase price, after discount and exclusive of service charges, if any, paid the milk supplier for fluid milk delivered to the school, camp or institution. If purchased in other than half pint containers, convert to the cost per half pint.)

| | |
|------------|----------|
| Unflavored | Flavored |
|------------|----------|

16. IF ANY MILK IS TO BE SOLD TO CHILDREN AS A SEPARATELY PRICED ITEM:

| | | | |
|--|----------|--|---------------------------------|
| AT WHAT PRICE PER HALF PINT WILL IT BE MADE AVAILABLE TO THEM? | | ON WHAT BASIS WILL THE PRICE PER HALF PINT BE COLLECTED FROM THEM? | |
| Unflavored | Flavored | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly |
| | | Other (Specify) _____ | |

17. Describe specific service practices to encourage increased fluid milk consumption by children, after entrance into the program. (Such as serving milk at additional times during the day, increasing the size of servings offered at meal time, undertaking special educational efforts among non-milk drinking children.) If previously participating, describe original service practices for increasing consumption, and any additional services practiced.

Explanation:

18. Recipient agency assures the United States Department of Agriculture and the State distributing agency that it now complies with and shall in the future comply with all requirements imposed by or pursuant to the Civil Rights Act of 1964 and the USDA Regulations (7 C.F.R. Part 15), including any subsequent amendments, issued to effectuate that Act. Compliance will be consistent with the objective that no person in the United States, shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity of recipient agency to which assistance is provided by the USDA. Admission policies are understood and agreed by recipient agency to be a part of such programs and activities. Recipient agency agrees to be obligated by this assurance as long as it receives assistance hereunder or retains possession of any assistance provided by the USDA or the State distributing agency. Should recipient agency fail to comply with this assurance, the United States or the State distributing agency shall have the right to seek its enforcement by judicial or any other means authorized by law. Federal financial assistance is extended under this agreement in reliance on the representations made herein. Except that any termination of this agreement for noncompliance with Title VI of the Civil Rights Act of 1964 shall be in accordance with applicable laws and regulations. **Initial here** _____

19. I certify that the information given above is true and correct to the best of my knowledge:

 (Date Completed) (Title) (Printed Name) (Signature of Authorized Representative of the Sponsor)