FORT WORTH INDEPENDENT SCHOOL DISTRICT CHILD NUTRITION SERVICES AFTER SCHOOL SNACK & DINNER PROGRAM AGREEMENT 2024-2025

(Please fill out one agreement per campus program.)

- **After the completed "After School Snack & Dinner Program Agreement" is received at the CNS Central Office, the coordinator will be notified of the start date for snacks and or Dinner.**
- **The CNS manager cannot start a program unless authorization has been given from CNS Central Office.**
- **Please provide a minimum of <u>two weeks advance notice</u> to program start date. Please notify CNS Dietitians with any change in program start and/or end dates.**

School Name (Location of Program)_____ Site #:_____

Name of Campus Organization: _____

Type of Program: (Tutorial, Enrichment, etc.)_____

Program/site Coordinator Name: _____

Phone Number: _____E-mail Address: _____

What time does program start? ☐ 3:30 pm Elementary ☐ 4:40 pm Middle ☐ 3:55 pm High

Please select the requested Meal/Snack below:

( ) Reimbursable Snacks Only

( ) Reimbursable Dinner Only- Includes Entrée/Fruit/Vegetable/Milk

( ) Reimbursable Dinner & Snacks*

* Please note Dinner will be served at start time and snacks will be served **2 hours** later per Texas Department of Agriculture Regulations

Program Start Date: _____Program End Date: _____

What days are snacks/meals needed? Check all that apply:

( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday

Number of Snacks Needed Daily: _____

Terms & Conditions

I understand that the after school snack program agreement must be approved before a program begins. Please provide **<u>2 weeks advance notice</u>** of program start date. Please notify CNS Dietitians with any change in program start and/or end dates.

_____ _____

Site Supervisor/Contact Signature Date **Signature of Principal Date**

My signature confirms that I have read all of the terms and conditions and will comply with all of the guidelines.

Scan completed forms to CNS, Attention: Dietitian Child Nutrition Services – After School Program
Phone: 817-814-3500 Email: dietitians@fwisd.org

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: : (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.