ORANGEBURG COUNTY SCHOOL DISTRICT
FOOD & NUTRITION SERVICES
AFTER SCHOOL SNACK PROGRAM AGREEMENT

(Please fill out one after school snack agreement per campus program.)

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

Name of Organization: _____

School Name (Location of Program): _ _____

Site Supervisor/Contact Name: _____

_____E-mail Address: _____

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

Number:

What time does the program start? _____

Program Start Date: _____Program End Date:_____

What days are snacks needed? Check all that apply:

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

Number of Snacks Needed Daily: _____

Terms & Conditions

I have read the terms and conditions listed above and agree to comply with all of the guidelines. I understand that the After School Snack Program Agreement **requires a two-week advance notice** and must be approved before the program begins**. Please notify School Nutrition Office with any change in program start and/or end dates.**

Scan ASSP Agreement to email: Alneisha.Lakin@ocsdsc.org for approval.

Site Supervisor/Contact Signature _____ Date _____

Signature of District Food &Nutrition Coordinator _____ Date_____

In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program rmation (e.g., Braille, large print, audiotape, and 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.ascr.usda.gov/sites/default/files/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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442;email:program.intake@usda.gov. This institution is an equal opportunity provider

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