COLORADO
Department of Education

Special Milk Program
Non-Pricing Agreement

Non-Pricing Special Milk Program Agreement

Please complete the Special Milk Program Agreement in order to be eligible to participate in the Special Milk Program (SMP).

Reminders:

Reimbursement Claims

a. It is imperative that you make sure your numbers are correct prior to submitting the claim. You must submit your claim prior to the 60-day submission deadline.
b. Please keep all claim submission confirmations on file for your records.

Civil Rights

a. Please contact our office at 303-866-6661 if you need a copy of the "And Justice For All Poster." This must be posted in the serving area.
b. Ensure the updated Nondiscrimination statement is available on printed material associated with the SMP. Access the USDA Nondiscrimination statement and complain information for child nutrition programs here: http://www.cde.state.co.us/sites/default/files/Updated%20Nondiscrimination%20Statement.pdf

Milk

a. A serving of milk is 8 fluid ounces. If you are using gallon containers of milk, you must use at least a 10-ounce cup. Please note that there are sixteen 8-ounce servings per gallon of milk. Milk served to children must consist of pasteurized milk and may include any of the following:
    - Skim (Fat-Free) unflavored, white milk
    - Skim (Fat-Free) flavored milk
    - 1% (Low-Fat) unflavored, white milk

Inventory

a. Included is a Daily Milk Inventory form, which must be completed each day. Keep these records on file for three years, plus the current year.

Free Milk Policy Statement

a. Included is the Free Milk Policy Statement, which must be completed and sent to CDE. Please also keep a copy on file with your records.

SMP RENEWAL AGREEMENT - NONPRICING MILK ONLY PROGRAM

Colorado Department of Education Office of School Nutrition (CDE OSN)

Agency name: _____ Highest Dairy Cost Per Pint: _____ Average Daily Attendance:_____

Address: _____ Ages: _____to_____ Type of Agency: Public ☐ Private Non-Profit ☐

Contact Name: _____ Phone:_____ Email:_____

LIST THE NUMBER OF DAYS OF OPERATION PER MONTH & YEAR:

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

NUMBER OF DAYS OF OPERATION PER WEEK:

LIST ALL SITES PARTICIPATING IN THE PROGRAM (use additional paper if needed):

NAME OF SITE	ADDRESS OF SITE	TELEPHONE NUMBER

AGREEMENT

The above named sponsor hereby certifies that it will operate the Special Milk Program in accordance with the agreement on file and shall adhere to all federal and state rules and regulations, as amended, pertaining to said program. The sponsor agrees to comply with the following: (1) Operate a nonprofit milk service. (2) If electing to provide free milk (i) serve milk free to all eligible children, at times that milk is made available to non-needy children under the Program; and (ii) make no discrimination against any needy child because of his inability to pay for the milk. (3) Comply with the requirements of the Department's regulations respecting nondiscrimination (7 CFR part 15); (4) Claim reimbursement only for milk as defined in this part and in accordance with the provisions of § 215.8 and § 215.10; (5) Submit Claims for Reimbursement in accordance with § 215.10 of this part and procedures established by the State agency or Food and Nutrition Service Regional Office (FNSRO) where applicable; (6) Maintain a financial management system as prescribed by the State agency, or FNSRO where applicable; (7) Upon request, make all records pertaining to its milk program available to the State agency and to Food and Nutrition Services (FNS) or the Office of Audit for audit and administrative review, at any reasonable time and place. Such records shall be retained for a period of three years after the end of the fiscal year to which they pertain, except that, if audit findings have not been resolved, the records shall be retained beyond the three-year period as long as required for the resolution of the issues raised by the audit. The renewal constitutes an extension of the agreement and amendments thereto, when approved by the CDE OSN.

SIGNATURE ON BEHALF OF SPONSORING AGENCY	CDE NUTRITION DIRECTOR
Signature	Signature
Name (Please Print)	Name
Title	Title
Date	Date