

# **Non-Pricing Milk Program Agreement**

*Please complete the Special Milk Program Agreement, in order to be eligible to participate in the Special Milk Program.* 

# **Reminders:**

## **Reimbursement Claims**

- a. It is imperative that you make sure your numbers are correct prior to releasing the claim. You must release 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. Updated Non-Discrimination Statement: <u>http://www.cde.state.co.us/sites/default/files/Updated%20Nondiscrimination%20Statement.pdf</u>

#### 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 consists of pasteurized unflavored milk fat free (skim) or 1% (low-fat) and or flavored fat-free (skim).

#### 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.

The Colorado Department of Education Office of School Nutrition 1580 Logan St. Suite 760, Denver, CO 80203 • 303-866-6650 • foreman\_s@cde.state.co.us

cde

SMP RENEWAL AGREEMENT - NONPRICING MILK ONLY PROGRAM Colorado Department of Education Office of School Nutrition (CDE OSN)						
AGENCY NAME						
ADDRESS	City	Zin Co	da Stata			
Street City DATES THE PROGRAM WILL BE IN OPERATIC		Zip Code State				
FROM: (M/D/YR)		<u></u>				
LIST THE NUMBER OF DAYS OF OPERATION PER MONTH:						
May	June	July	August	September	October	
November	December	January	February	March	April	
		,	•		•	
	OPERATION PER WEEK		aar if poodod).			
LIST ALL SITES PARTICIPATING IN THE PROGE NAME OF SITE		ADDRESS OF SITE		TELEPHONE NUMBER		
NAIVIE OF SITE		ADDRESS OF SITE				
			EMENT			
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 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 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						
					les all extension of the	
agreement and amendments thereto, when approved by the CDE O SIGNATURE ON BEHALF OF SPONSORING AGENCY			CDE NUTRITION DIRECTOR			
		-				
Signature			Signature			

Name (Please Print)	Name
Title	Title
Date	Date