COLORADO DEPARTMENT of EDUCATION

Special Milk Program (SMP)

Milk Policy Statement, Non-Pricing Program

Non-Pricing Milk Policy Statement

The Special Milk Program is available to nonprofit nursery schools, child care centers, settlement houses, summer camps, and similar nonprofit institutions devoted to the care and training of children, which do not participate in a meal service program authorized under this Act or the National School Lunch Act 7CFR§215.1 section 3(a)(1)(B).

Operating the SMP

Summer Special Milk Program Sponsors must operate under the non-pricing program.

Under this option, only the *paid* rate of reimbursement may be claimed. All enrolled children, of appropriate ages, are served free milk and the sponsor absorbs any additional cost beyond the current reimbursement rate.

Non-Pricing Program

Non-pricing program means a program which does not sell milk to children. This shall include any such program in which children are normally provided milk, along with food and other services, in a school or child-care institution financed by a tuition, boarding, camping or other fee, or by private donations or endowments per 7CFR§215.2(p).

The Colorado Department of Education
Office of School Nutrition
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Special Milk Program Non-Pricing Milk Policy Statement

Sponsor / Organization Name _____

Please indicate the Special Milk Program option the above named sponsor agency agrees to participate in:

(Check)

_____ **Non-pricing Program** - Provide free milk to all children regardless of income eligibility.

List all sites participating in the Special Milk Program:

Site Name	Site Address

The sponsor assures the Colorado Department of Education Office of School Nutrition that milk served under the Special Milk Program will be the same for and served in the same manner to all children wishing to participate in the program in all schools/locations in which the program is offered and that the milk shall be provided without physical segregation or discrimination against any child because of race, sex, color, national origin, or disability.

_____ _____
Signature of Organization Official Date

_____
Title of Organization Official