

**RENEWAL AGREEMENT FOR FY 2009-2010  
SPECIAL MILK PROGRAM**

**All attached materials must be received by May 8, 2009 to assure approval before the July 1, 2009 date.**

It is the intent of the undersigned parties to acknowledge that the Food Service Agreement and policy statement of the Special Milk Program as applicable, remains in effect for the School Year 2009-2010.

This agreement assures that the sponsor will operate the Special Milk Program in accordance with USDA Regulations 7CFR, 215 and others as applicable.

- 1) Free Milk Applications: All free milk applications and master lists for FY 2009-10 will be kept current, documented and readily accessible by free and inactive categories. The application, parent letter, and press release will be used as received, without change, unless prior permission is received from the Idaho State Department of Education. All records must be kept for three years beyond the current year. Any changes in counting or collecting will be reported to the State Agency on CNP 2000 for approval.
- 2) Verification: Sponsors who collect Free Milk applications must complete verification by November 15.
- 3) The person signing the claim form for the sponsor is signing to ensure that he/she is taking responsibility for seeing that the claim is correct and in accordance with present regulations. Edit checks will be done daily at each school to see that there are no over claims in free or paid categories. Be sure to include all individuals on this form who will be responsible for signing the reimbursement claims.

**REMINDER: THE SAME PERSON CANNOT BE BOTH FAIR HEARING OFFICIAL AND THE PERSON IN CHARGE OF APPROVING APPLICATIONS.**

The Sponsor's designated Fair Hearing Official for FY 2009 - 2010 is:

Name: \_\_\_\_\_ Title \_\_\_\_\_

<p align="center">Signatures of local SPONSOR'S Governing Officers (<b>both Supervisor and Superintendent/Exec. Officer must sign</b>)</p> <p>On _____ month, day, year</p> <p>By: _____ Food Service Supervisor Signature</p> <p>_____ Superintendent or other Exec. Officer Signature</p> <p>_____ Sponsor Name and Agreement Number</p>	<p align="center">STATE DEPARTMENT USE ONLY</p> <p>By: _____</p> <p>Title: _____</p> <p>Date: _____</p>
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**EVERY YEAR YOU MUST LIST ALL PERSONS (including Food Service Supervisor) WHO WILL BE AUTHORIZED TO USE CNP 2000.**

**CNP 2000 Authorized Signers:** (Only authorized signers can change applications, submit reimbursement claims, and sign forms. For security reasons contact us immediately with any changes).

A.	_____	_____	_____
	(Print or Type Name)	(Title)	(Signature)
B.	_____	_____	_____
	(Print or Type Name)	(Title)	(Signature)
C.	_____	_____	_____
	(Print or Type Name)	(Title)	(Signature)

Please attach additional page if necessary.

Any authorized signers listed above who are new this year must complete and return hard copy of the User Authorization Form.

**NOTE: Individuals not listed on this authorized signer form will be changed to inactive in CNP 2000.**

**As it is your responsibility to enter information into CNP 2000, it is imperative that you DO NOT share your password. Every person is required to have their own user name and password on file with the State Agency. If you need to complete a User Authorization form, you can find it on our website. Remember to complete the Termination of Access whenever someone is no longer authorized.**

**Reminder: Food Service Management company employees are not authorized to enter reimbursements.**