



State of New Jersey

DEPARTMENT OF AGRICULTURE
33 West State Street 4th Floor
PO Box 334
TRENTON NJ 08625-0334

CHRIS CHRISTIE
Governor
KIM GUADAGNO
Lt. Governor

DOUGLAS H. FISHER
Secretary

TO: School Business Administrators
Food Service Directors
Nonpublic Feeding Local Education Agencies (LEAs)

FROM: Arleen Ramos-Szatmary, Coordinator
School Nutrition Programs

DATE: August 1, 2013

SUBJECT: **ANNUAL APPLICATION PROCESS FOR PROVISIONS I AND II**

Please note: Provisions are optional, LEAs receiving this information are not required to apply for either Provision

Attached you will find information and application forms for Provision I and II, and guidance for claiming state aid for schools participating in the Provision options. **Schools with at least 80% of the enrollment qualifying for free meals should read the information completely, since these schools may benefit from participating in a Provision.** Please note the timetable for applying for Provision I or II. **Application forms received after September 30, 2013 will not be accepted.**

Please contact Emily Lomerson at 609-984-0692 if you have any questions or require clarification of the requirements of the Provision options.

Completed applications should be mailed to:

**New Jersey Department of Agriculture
Division of Food and Nutrition
School Nutrition Programs
P.O. Box 334
Trenton, NJ 08625-0334**

Enclosures: Explanation of Provision I and II
Application to Participate in the Provision Options

PROVISION 1 APPLICATION FORM FISCAL YEAR 2014

State Agency approval of any or all schools listed on this application will conditionally approve that/those school(s) for participation in Provision I beginning on October 1, 2013.

Return this completed form to the address below by September 30, 2013.
Applications will **NOT** be accepted after the September 30th deadline. **NO EXCEPTIONS**

New Jersey Department of Agriculture
Division of Food and Nutrition
P.O. Box 334
Trenton NJ 08625-0334

Name and address of Sponsor:	Agreement Number

Name & Title of Person Completing Application:	Date
Telephone Number (please include area code):	
Fax Number (please include area code):	

Name of School Applying for Provision 1 Conditional Approval	Meal Type		Total Number of Free Eligible March, 2013	Total Number of Red. Eligible March, 2013	Total Number of Children with Access to the Meal Program, March, 2013
	Break	Lunch			

Print or Type Name of Board Secretary or Authorized Representative:

Signature and Date of Representative Listed Above:

