BUSINESS &	FINANCE DIVISION
Report No.	36

# OGDENSBURG CITY SCHOOL DISTRICT OGDENSBURG, NEW YORK

SUBJECT:	Resolution to Approve Free and Reduced Price Meals Policy Statement for the 2018-2019 School Year
DATE:	August 27, 2018
REASON FOR BOARD	CONSIDERATION:
	The Board of Education should adopt Federal Policy Guidelines if the District is to participate in Free and Reduced Breakfast and Lunch Programs.
FACTS AND ANALYSIS	S:
	The School District must adopt the attached Federal Guidelines if participation is desired in the Free and Reduced Price Meal Program for the 2018-2019 school year.
RECOMMENDED ACT	TION:
	Moved by and supported by that, having the recommendation of the Superintendent of Schools, the Federal Free and Reduced Price Meals Policy Statement shall be and is hereby approved by the Board of Education of the Ogdensburg City School District on this 27 <sup>th</sup> day of August, 2018.
APPROVED FOR PRES	SENTATION TO THE BOARD:
	Superintendent

TMV/alf Attachment

# KEEP THIS FORM ON FILE. DO NOT RETURN TO SED

### CERTIFICATION OF ACCEPTANCE FOR DISTRICTS AND NONPUBLIC SCHOOLS

(Residential Child Care Facilities must complete the form on Attachment IV)

Brian YY

SCHOOL FOOD AUTHORITY NAME:

Please complete the following information during the annual renewal process on the Child Nutrition Management System and **retain on file** for examination by members of this Department or USDA during a review of your Child Nutrition Program. **Do not send the Certification of Acceptance to NYSED.** 

12-Digi	t LEA Code: 5 1 2 3 0 0 0 1 0 0 0 0
	The governing body of this School Food Authority accepts this Free and Reduced Price Meal or Special Milk Program Policy Statement, including the Family Income Eligibility Criteria and all required attachments and as indicated below:
	<u>Titles of Designated Officials</u>
A.	REVIEWING OFFICIAL Brian Mitchell
	Address & Telephone 1100 State Street, addensburg, My 13669 315-393-0900, ext. 31928
B.	HEARING OFFICIAL Kevin K. Kendall, assistant Superintendent
	Address & Telephone 1100 State Street, Ogdensburg, My 13669 315-393-0900, ext. 31910
C.	VERIFICATION OFFICIAL Brian MUTCHell
	Address & Telephone 100 State Street, adamsburg, My 13669 315-393-0900, ext. 31928
	An officer of the board of Education of chairman of the community school board, pastor or executive director
	of the corporation operating a private or parochial school, or the headmaster or principal of a nonpublic school must sign this form.
	ORIGINAL SIGNATURE OF SCHOOL OFFICIAL
	DATE Superintendent of Schools  TITLE  DATE
	2018-2019

The Reviewing and Verification Official may be the same person. The Hearing Official cannot

be the Reviewing or Verification Official.

# KEEP THIS FORM ON FILE. DO NOT RETURN TO SED

# CERTIFICATION OF ACCEPTANCE FOR RESIDENTIAL CHILD CARE INSTITUTIONS (RCCIs)

SCHOOL FOOD AUTHORITY NAME:

Please complete the following information during the annual renewal process on the Child Nutrition Management System and **retain on file** for examination by members of this Department or USDA during a review of your Child Nutrition Program. **Do not send the Certification of Acceptance to NYSED.** 

12-Digit	LEA Code: 3 1 2 3 0 0 0 1 0 0 0 0
	The governing body of this School Food Authority accepts this Free and Reduced Price Meal or Special Milk Program Policy Statement, including the Family Income Eligibility Criteria and all required attachments and as indicated below:
	<u>Titles of Designated Officials</u>
Α.	REVIEWING OFFICIAL Brian Mitchell
	Address & Telephone 1100 State St. Ogdensburg. Ny 13669
	(Sections B & C are only applicable to RCCIs with day treatment students)
	315-393-0900, ext. 31928
B.	HEARING OFFICIAL Kever K. Kendall. Assistant
	HEARING OFFICIAL Mevin K. Kendall, Assistant  Address & Telephone  Superintendent  Ogdensburg, My 13669 315-393-0900  VERIFICATION OFFICIAL  Address & Telephone  Brian Mitchell  Address & Telephone
C.	VERIFICATION OFFICIAL EXT. 31910
	Address & Telephone Dran Mitchell 1100 State St., Ogolensburg, NY 13669
	An officer of the Board of Directors or the Executive Director must sign this form.
	ORIGINAL SIGNATURE OF SCHOOL OFFICIAL  CYE-31928
	Superintendent of Schools
	DATE DO, 2018
	2018-2019

The Reviewing and Verification Official may be the same person. The Hearing Official cannot

be the Reviewing or Verification Official.