Form MS CNP- 2

EXAMPLE

MISSISSIPPI STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD NUTRITION

SCHOOL/SITES APPLICATION FOR PARTICIPATION

SCHOOL FOOD AUTHORITY: ABC School District ORGANIZATION NUMBER: V00000000 SCHOOL YEAR: XXX

SCHOOL NAME AND ADDRESS	PROGRAM APPLIED FOR:			GRADE LEVELS TAUGHT	TYPE OF FOOD PREPA-RATION	INDICATE SOURCE IF SATEL-LITE/ FOOD MANAGE-MENT	Contract Meals If, Yes write name of agency	DONAT-ED FOOD DROP SITE	NAME OF MANAGER
	LUNCH	BREAK-FAST	FOOD DISTRI-BUTION						
ABC High School Hwy 10 Anywhere, MS	YES	Severe Need	YES					YES	Doe, Jane
Anywhere Elem. School Hwy 50 W Anywhere, MS	YES	Severe Need	YES					YES	Blue, Mary
Anywhere Middle School HWY 50 W Anywhere, MS	YES	Severe Need	Yes					YES	Doe, Mary