



**VIRGINIA DEPARTMENT OF EDUCATION**  
**SCHOOL NUTRITION PROGRAMS**  
**AFTERSCHOOL SNACK PROGRAM (ASP) ANNUAL AGREEMENT**  
**(Form # SNP10-A2.1)**

**Instructions for Completing the Agreement Form:** Please read the instructions carefully. Fill in the required information according the information below.

**SCHOOL DIVISION NAME:** Enter the School Division Name, example - XYZ County

**DIVISION NUMBER:** Enter the three-digit (3) School Division Number, example - 999.

**AFTERSCHOOL SNACK PROGRAM (ASP) TABLE:**

**Column 1 - SNP UNIT NAME:** Enter the School Nutrition Program (SNP) UNIT NAME (example - Virginia Elementary) at which the snacks will be served. This is considered the feeding site.

**Column 2 - SNP UNIT NUMBER:** Enter the SNP UNIT NUMBER (5-digit) (example - 00500).

**Column 3 - PRODUCTION SITE:** Enter "YES" if the SNP Unit is a Production Site for the Afterschool Snack Program (ASP) or "NO" if it is not.

**Column 4 & 5 - DATES OF OPERATION -** Enter the date the ASP will begin (column 4) and the end (column 5) at the designated SNP Unit site in Day, Month, and Year format (example - start date 01-Mar-1999 end date 30-June-1999)

**QUALIFIED FOR FREE REIMBURSEMENT BY:**

**Column 6 - Site Eligible:** Enter "YES" if the site listed in column 1 participates in the National School Lunch Program and **50% or more** of its enrollment are eligible for free or reduced-price meals as of October 31. Skip columns 7, 8, and 9 and proceed to Superintendent's Signature Block. Enter "NO" if the site listed in column 1 is less than 50 %. Proceed to Column 7.

**Column 7 - Area Eligible -** Enter "YES" if you are claiming this site based on area eligibility. The site listed in Column 1 qualifies as area eligible if it is located in an attendance area of a school (i.e. elementary, middle or high school) in which at least 50% of its enrollment is eligible for free and reduced price meals as of October 31. Proceed to Column 8. **Enter " NO" if the site is not area eligible.**

**Column 8- Area eligible Qualifying SNP:** If you enter "YES" in Column 7, list the SNP unit name and number that you are using to qualify the location as eligible to receive Free Reimbursement. If more than one SNP unit in the attendance zone qualifies list only one.

**Column 9--** Enter "YES" only if the after school snack program does not qualify for free reimbursement based on site or area eligibility. Sites that are not in areas served by a school in which at least 50 percent of the enrolled children are certified eligible for free or reduced price meals must count meals and claim reimbursement by category (free reduced price and paid). Documentation of eligibility for all meals served free or at a reduced price is required.

**SUPERINTENDENT'S SIGNATURE:** Original Signature of the Division Superintendent.

**DATE:** Date of Superintendent's Signature.