**State Board of Education**

**North Carolina Department of Public Instruction**

**Agreement to Administer the**

**Federally-assisted School Nutrition Program(s)**

**For Local Education Agencies (LEAs)**

**School Year 2023 - 2024**

**Signature Page**

My signature below indicates that I understand and agree to all the terms and conditions contained in the 2023 – 2024 Agreement and Free and Reduced Price Policy Statement to operate the Federally-assisted School Nutrition Program(s). We will ensure all school personnel abide with the provisions set forth in the Agreement and Policy Statement.

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[Name of LEA/SFA] [LEA/SFA Agr #]

**On behalf of the Local Education Agency and School Food Authority:**

Chairman, Charter School Board of Directors:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

[Print] [Signature] [Date]

Individual responsible for managing the Charter School’s School Nutrition Program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

[Print] [Signature] [Date]

Individual authorized to approve and sign claim for reimbursement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

[Print] [Signature] [Date]

**On behalf of the North Carolina Department of Public Instruction / State Board of Education:**

Senior Director, Office of School Nutrition:

Lynn Harvey, Ed,D, RDN, LDN, FAND, SNS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

[Print] [Signature] [Date]

**NOTE:** This signature page must be provided in addition to the automated renewal of the application between the Local Education Agency (LEA), the School Food Authority (SFA) and the North Carolina State Board of Education, Department of Public Instruction, to administer the Federally-assisted School Nutrition Program(s). After completing the automated application, and carefully reading the Agreement and the Policy Statement, please **sign three copies of this document each in blue ink and return by June 14, 2023 to:**

**North Carolina Department of Public Instruction**

**Office of School Nutrition**

**6324 Mail Service Center**

**Raleigh, NC 27699-6324**

**Attn: Jacquelyn McGowan**