NC Department of Public Instruction

Office of School Nutrition

6324 Mail Service Center

Raleigh, NC 27699-6324

Website: [Special Milk Program (SMP) | NC DPI](https://www.dpi.nc.gov/districts-schools/district-operations/school-nutrition/school-nutrition-programs/special-milk-program-smp)

**Potential New School Food Authority (SFA)/Non-Profit Childcare Institution (Sponsor) Interest Form for Special Milk Program (SMP)**

|  |
| --- |
| **Organization General Information:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: | | |  | | | | | | | | | | |
| Address (Physical): | | | | |  | | | | | | | |  |
| City: |  | | | | | State: | |  | | Zip Code: | |  |  |
| County: | |  | | | | | FEIN: | |  | | | |  |
| DUNS Number: | | | |  | | | | SAM ID (UEI): | | |  | |  |
| Website Address: | | | | |  | | | | | | | | |

|  |
| --- |
| **Administrative Staff:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Principal/Camp Manager: | |  | | |
| Email: |  | | Phone: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name for SMP Application Contact: | | | |  | | | |
| Title of Contact Person: | |  |  | | | |  |
| Email: |  | | | | Phone: |  | |

|  |  |  |
| --- | --- | --- |
| How would you best describe your organization? (Check one) | | |
|  | Charter School | |
|  | Federally Supported School | |
|  | Private School (Non-Public) | |
|  | Public School | |
|  | RCCI (Residential Child Care Institute) School | |
|  | State Supported School | |
|  | Camp | |
|  | Other (please describe): |  |

School Year Dates of Operation (SY July 2025 - June 2026):

* **Submit the school/camp calendar for the School Year dates of operation**.

|  |
| --- |
| Who will be responsible for the administration and oversight of the Special Milk Program (SMP)? (Please provide specific details of the designated staff position(s) that will be assigned to administer and oversee the program requirements, as well as the daily operations/management of the milk program.) |
|  |

|  |
| --- |
| What will your policy be on students being charged for milk? |
|  |

|  |
| --- |
| **School/Camp General Information:** |

|  |  |
| --- | --- |
| How many students attend your School/Camp? |  |

|  |  |
| --- | --- |
| What grades are attended at your School/Camp? |  |

|  |  |
| --- | --- |
| Provide names of Schools/Camps that will participate in the SMP below: | |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Months of Operation: (check all that apply) | | | |
|  | July |  | January |
|  | August |  | February |
|  | September |  | March |
|  | October |  | April |
|  | November |  | May |
|  | December |  | June |

|  |  |
| --- | --- |
| Provide hours of operation for School/Camp: |  |

|  |  |
| --- | --- |
| Number of Days per Week to Serve Milk: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Check all meals milk will be served: |  | Breakfast |  | Lunch |  | Supper |
| Breakfast should be served in the early morning hours. | | Lunch Meals Can Only Be Served Between 10am–2pm | | | | |

***Return this form and school/camp calendar to the email listed below:***

Ivy Early, Summer and Special Nutrition Consultant

North Carolina Department of Public Instruction

Office of School Nutrition

Phone: 984.236.2629

Email: [ivy.early@dpi.nc.gov](mailto:ivy.early@dpi.nc.gov)