**District/School**:

**Meal Service** **(circle one): Traditional CEP SP2**

**Meal Period (circle one): Breakfast Lunch**

**Contact Person**:

**Phone**:

**- - - - - - - - - - - -**

**Alternative Location 1:** (be specific ex: grab & go cart, or classroom #)

**Method of Acceptable Accountability System** (how are you ensuring that only one meal is served to each student?)

**Who determines a reimbursable meal?**

**Was training provided and by whom and when?**