



Date: 8/1/2025

To: After School Snack Program Coordinator

From: Gretchen Wilson, School Nutrition Administrative Assistant

Subject: Reimbursable After School Snack Program

Thank you for your interest in the Reimbursable After School Snack Program (ASSP). To participate in the program a supervised program must be in place which offers scheduled educational or enrichment activities during each day the program operates. Programs which operate on days that school is not in session are not eligible for reimbursement. You may request snacks on these days and be billed for them at \$1.50 per snack.

Enclosed is an application which must be completed to qualify for the snack program. An application must be submitted for each program. Attached are the procedures for the program which are required and a certification form which must be completed and returned. A required participation roster is included.

The program site supervisor overseeing the daily operation should work closely with the School Nutrition Manager. A School Nutrition Supervisor is required to make two site visits during the program's operation.

Please call 252-830-4200 if you have any questions.

Gretchen Wilson, SNS
Director, School Nutrition Services

Agreement to Furnish After School Snacks: 2025-2026

Complete and submit application to the Pitt County Schools School Nutrition Department.
A copy of the application will be returned after approval.

Name & Title Person Making Request: _____

Phone: _____ Email: _____

Address (for billing): _____

Contact for program if other than Requestor: _____ Phone: _____

Email: _____

Program Operations Section:

Name of After School Program: _____

School Site where the After School Program will operate: _____

List location if other than school site for distributing snacks: _____

Has your program received snacks from Pitt County School Nutrition before? Yes _____ No _____

Will program operate continuous except for days school is out of session? Yes _____ No _____

Signature: _____ **Date:** _____

List ages/grades participating: _____ **What days of the week will the program operate?** _____

Date the program will begin requiring snacks: _____ **Date the program will stop requiring snacks:** _____

If this program will operate for a period of time, then break and restart, **indicate the dates of each session below:**

Start date: _____ **Stop date:** _____ **Start date:** _____ **Stop date:** _____

Time School Day Ends: _____ **Start Time for Snacks** (must be after time school day ends): _____

End Time for Snacks: _____

Estimated # of snacks per day? _____ Will snacks be required during times PCS is not operating? _____

(Snacks provided when school is not in session will be billed at \$1.50 each)

A calendar for Pitt County Schools is available showing holidays. If you need snacks at times Pitt County Schools is normally closed, please indicate above.

Does your after school program include an educational or enrichment component? Yes _____ No _____

If yes, please describe: _____

If your program is part of a tutorial program, you may be eligible to receive snacks at no charge through the After School Snack Program. If you are eligible, your site will be reviewed during the year by the School Nutrition Program to see that snacks meet the snack meal pattern, snacks are served as a whole unit, and accurate counts are taken for those who are actually participating in the snack program. If program requirements are not met, the snack program may be terminated. **Any snacks provided before program approval or for days not requested in this contract, snacks will be billed to the site program.**

If your program is not part of a tutorial program, you may purchase snacks from the School Nutrition Program. A deposit may be required before snacks are served. These snacks will not have to meet the After School Snack Program requirements. The snacks will be owned by the group who purchases them and may be offered at the discretion of the program director.

_____ total operating days per first month x _____ number of snacks/day x _____ cost = _____ total deposit

Snack programs offered other than at school site must be picked up by the group requesting snacks.

If the program will not operate on certain days, the program should let the site furnishing the snack know they will not be operating, otherwise, you will be billed for those snacks. You should only request snacks for the number participating in the program, otherwise, you may be billed an additional charge for snacks not meeting number of eligible. Any approved free snacks that cannot be claimed will be billed to the program.

Central Office: Approved _____ Not Approved _____ Tutorial _____ Non-tutorial _____

School Nutrition Director

Date
Revised 7/20/2025

After School Snack Program Certification Information

Please review the After School Snack Program Procedures with everyone who will be involved with distribution of the snacks for the program. As the person requesting to participate in the program, you will be responsible for providing training to those designated at each site to operate the program. Each person you designate is responsible for providing accurate and true information in regards to the attendance roster, participation roster, and snacks received that meet or do not meet the reimbursable requirements.

Please have each person sign below indicating they have been trained as to the requirements of the program. They need to understand each child must be provided all items for the snack to be reimbursable. They need to understand adults are not allowed to eat the snacks or take any snacks that are leftover. They need to understand you may be billed for snacks that cannot be claimed for reimbursement or extra snacks being distributed. They need to understand that the information provided on the rosters and After School Book is being provided to the School Nutrition Program so they may receive funds from the Federal Government. They should understand any misrepresentation may subject them to prosecution under applicable State and Federal statutes.

Signature: _____
(Person **requesting** to participate in the After School Snack Program and providing training)

The Signature(s) below is/are the Designated Persons Responsible for Implementing the Program Guidelines at each site. They are the ones responsible for accurate rosters and distribution of snacks.

Date Trained	Location of After School Program	Signature	Signature of Designee if Absent

A signed copy of this form must be returned to the School Nutrition Department for the program to continue to receive snacks.



Reimbursable After School Snack Procedures 2025-2026 School Year

1. In order for a site to be eligible to participate in a reimbursable After School Snack Program, the program must:
 - Consist of a supervised program
 - The program should provide children with scheduled educational or enrichment activities
2. The program coordinator should inform the cafeteria manager when the number of participants decreases or increases so the number of snacks can be adjusted. Accurate counts are important to prevent a loss to the program. **After School Snack Program Coordinators must make School Nutrition Managers aware of the snack count each day by 2pm. Inaccurate counts that lead to food waste can result in snack costs being charged back to the After School Snack Program.**

The After School Snack Program Site Supervisor responsibilities:

1. Maintain a roster which indicates: (*see attached document for an example*)
 - a. Attendance – children who are in attendance for the program each day
 - b. Participation – children who receive a complete snack
 - i. Completed rosters should be given to the Cafeteria Manager.
 - ii. Roster Procedure: Participants should be checked that they are in attendance and if they receive a snack unit. The person distributing the snack acts as the cashier and checks off the child at the point of them actually receiving the snack. It is possible to have more students in attendance than who participate in the snack program.
2. Children are eligible to receive **one** complete snack unit made up of **2 components**. If extra snacks are left, they must be returned to the cafeteria. Example: A Program requests 65 snacks. Only 55 children attend and 10 snack units are left over. Thus 10 complete snacks units should be returned to the cafeteria.
3. Follow the snack menu and **serve both components** in required portions to the children which choose to receive a snack. In order to receive reimbursement, both components must be given to the child. PCS School Nutrition Services cannot claim reimbursement for partial snacks. Example: 15 snacks are requested and the menu is muffins and milk. 15 children take the muffin and only 12 take the milk. 3 of these snacks are considered incomplete and cannot be claimed for reimbursement. *Children who choose to participate must take all items on the menu.*
 - a. If student does not want to participate, they do not have to. They may choose to bring snacks from home. They may also choose to receive a snack unit, and once they have been checked off the roster, share the part of the snack they do not care for with another child.
4. Handle snacks in a sanitary and safe manner. Return *undistributed* leftover snacks to the cafeteria. Once a snack has been distributed to a child, it cannot be returned to the cafeteria.
5. Inform the cafeteria if any child has medically documented allergies and needs a different snack than is listed on the menu.
6. Adults are not to receive a snack. If a child does not want an item, they may not give it to an adult.
7. Undistributed extra items are to be returned to the cafeteria, not given away to adults or children.
8. Any partial snacks served that do not meet reimbursement requirements may be billed to your program. Any extra snacks served rather than returned to the cafeteria may also be billed to your program.
9. School Nutrition Managers are required to keep all records, rosters, etc. and must be maintained for 3 years and 3 months.
10. PCS School Nutrition Services will monitor the program throughout the year and conduct at least 2 audits to assess compliance. Any issues found during an audit will result in repeat audits until the deficiencies are cleared.



GROUP: _____ **WEEK:** _____
SCHOOL: _____ **SN MANAGER:** _____

[illegible]

The certification information must be signed each week. By signing the certification information on the attached page, you are indicating the above information on the roster is accurate and true.

Revised 7/20/2025