



Office of P-20 Education Policy  
Child Nutrition Program Administration  
89 Washington Avenue, Room 375EBA, Albany, NY 12234  
(518) 473-8781 Fax (518) 473-0018  
[www.cn.nysed.gov](http://www.cn.nysed.gov)

### **Non-Profit Food Service Account Replenishment Plan Form**

Submit the completed form to [CNAudit@nysed.gov](mailto:CNAudit@nysed.gov)

\_\_\_\_\_(SFA Name) agrees to replenish its non-profit food service account  
\$ \_\_\_\_\_ (replenishment amount) under the following terms:

1. Replenishment Schedule:

Frequency \_\_\_\_\_ on the \_\_\_\_\_

Amount of each replenishment \$ \_\_\_\_\_

Begin Date \_\_\_\_\_

End Date \_\_\_\_\_ Replenishment Plan cannot exceed 5 years.

Person responsible for implementing and monitoring the terms of the plan

\_\_\_\_\_ (Name and Title)

Contingency person responsible should current person terminate employment from SFA

\_\_\_\_\_ (Name and Title)

2. Required Documents:

Bank statements verifying the transfer of funds must be submitted to [CNAUDIT@nysed.gov](mailto:CNAUDIT@nysed.gov) for each replenishment payment, according to the schedule stated above.

If your SFA does not have a separate non-profit food service account, a copy of the general ledger transaction must be submitted.

3. By checking each box, your SFA agrees to the following terms and conditions of the replenishment:

If additional payments are made beyond what is established in the repayment schedule, your SFA will continue to make payments according to the repayment schedule stated above.

Any funds replenished must only be used for the operation and improvement of the child nutrition programs.

Any changes to the replenishment schedule documented in #1 above, will be submitted to the SED Child Nutrition Program Office.

No change will take effect without prior approval from the SED Child Nutrition Program Office.

The above terms and conditions of the replenishment plan will be adhered to or result in default.

Replenishments will be recorded as additional revenue on annual financial reporting.

**Default:** If for any reason the SFA should not oblige to any section or portion of this plan, your SFA shall be considered in default. If such an event occurs, the remaining balance of the amount owed shall be due within **ten (10) business days**. If the amount owed is not replenished within 10 business days, the SFA will be placed on reimbursement hold and will be determined to be not in good standing in the operation of the Child Nutrition Programs.

**The New York State Education Department reserves the right to conduct additional reviews, either announced or unannounced, for any irregularities, to verify corrective action was completed and applied to all schools under the jurisdiction of the SFA, as appropriate, and/or to conduct applicable close out procedures in the event of program termination. Failure of the SFA to submit to further reviews or close out procedures will jeopardize future participation in all Child Nutrition Programs.**

This plan contains all the terms agreed to and replaces all previous discussions, understandings, and agreements.

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**SFA Authorized Representative Signature**

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Print Name

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Title

Date

*SED Approval* \_\_\_\_\_ *Date* \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR-P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) **fax:**  
(833) 256-1665 or (202) 690-7442; or
- (3) **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)
- (4) This institution is an equal opportunity provider.