

**Tennessee Department of Education  
Agreement to Administer the  
School Nutrition Program(s)  
for Local Education Agencies (LEAs)/School Food Authorities  
School Year 2014 - 2015**

My signature below indicates that I understand and agree to all the terms and conditions contained in the 2014–2015 Agreement and Free and Reduced Price Policy Statement to operate the School Nutrition Program(s) and will ensure all school personnel abide with the provisions set forth in the Agreement and Policy Statement.

ONEIDA SPECIAL SCHOOL DISTRICT

\_\_\_\_\_  
[Name of SFA]

\_\_\_\_\_  
[SFA Agr #]

**On behalf of the School Food Authority:**

Director of Schools:

Ann Sexton

\_\_\_\_\_  
[Print]

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

School Nutrition Program Administrator:

Verna Wright

\_\_\_\_\_  
[Print]

*Verna Wright*  
\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

**On behalf of the Tennessee Department of Education:**

Executive Director, School Nutrition Program:

Sarah White

*Sarah White*

July 1, 2014

\_\_\_\_\_  
[Date]

**NOTE:** This signature page must be provided in addition to the automated renewal of the Agreement between the School Food Authority (SFA) and the Tennessee Department of Education, to administer the School Nutrition Program(s). After completing the automated Agreement renewal process, reviewing the Agreement and the Policy Statement, please **sign in blue ink and return to:**

**School Nutrition Program  
1240 Foster Avenue  
Nashville, TN 37243-0389**