P.O. Box 12847 Austin, Texas 78711 ◆ Voice (800) 835-5832 ◆ (512) 463-7476 ◆
Hearing impaired: (800) 735-2988 ◆ www.TexasAgriculture.gov

Texas Department of Agriculture

Free and Reduced-Price Meals Electronic Application Checklist

FND-127

TODD STAPLES, COMMISSIONER

SECTION A

[1] APPLICANT INFORMATION

School Food Authority (SFA) Name (School District, Private School or Residential Child Care Institution)	County District/ Program No.	Phone ( ) -

Child Nutrition Program (CNP) Director/Primary Contact

First Name	M.I.	Last Name

Address	City	State	Zip

SECTION B

[1] IMPLEMENTATION

A. Describe how the following procedures are documented or implemented:

1. The process for households to complete the electronic application on-line

2. How the date and time of the transaction are recorded

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

	3. Identity and location of each person who transmitted the information is recorded
	4. Confirmation from the recipient agency that the transaction was received
	5. The intent of the transaction
	6. The complete contents of the transaction, including any attachments or exhibits

	7. A complete listing of terms of the agreement and instructions and an indication that these were made available to the submitting party
	8. Certification that the submitting party intended to be legally bound by the terms of the transaction
	9. A mechanism in place which proves that the transaction was not altered after it was sent
	10. Certification from the individual to the truth and accuracy of the presented information

SEC B CONT'D	
	B. Households must have the option to complete application on-line or manually. Describe this procedure.
	C. Describe the resources available to assist households in filling out on-line applications (ie. staff assistance, use of computer).
	Complete this checklist and mail to 1700 North Congress Avenue, Austin, TX, 78701 Attn: Compliance

SECTION C		
	[1] SIGNATURE	
	I certify that the information provided herein is true and correct to the best of my knowledge.	
	Applicant Name /Authorized representative (print)	Title
	Applicant Signature	Date (mm/dd/yyyy) / /

SECTION D			
	[1] TDA INTERNAL USE ONLY		
	☐ Approved ☐ Disapproved	Food and Nutrition Compliance	Date (mm/dd/yyyy) / /