

SCHOOL NAME _____

SCHOOL ATS CODE: _____ (e.g. 12x590)

SCHOOL MIE CODE: _____ (e.g. 12500)

Return to:
OFFICE OF SCHOOL FOOD
COMPLIANCE AND MONITORING UNIT
44-36 VERNON BLVD
ROOM 417A
LONG ISLAND CITY, NY 11101
ATTN: Nadine Brown

THIS PACKAGE IS

____ OF ____

2009-2010 APPLICATIONS

ENCLOSED