

**California Department of Education (CDE) Nutrition Services Division (NSD)  
Permanent Single Agreement (PSA)**

**Exhibit A: Changes in Child Nutrition Program Operations**

This form shall be used to reflect current Child Nutrition Programs (CNP) Operations and shall serve as an addendum to the Permanent Single Agreement.

A. Check the box next to the CNP with a status change

	Request to Add	Request to Discontinue	Requested Effective Date*
National School Lunch Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/20/2023
Afterschool Meal Supplement Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/20/2023
Seamless Summer Option	<input type="checkbox"/>	<input type="checkbox"/>	
School Breakfast Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/20/2023
Summer Food Service Program	<input type="checkbox"/>	<input type="checkbox"/>	
Special Milk Program	<input type="checkbox"/>	<input type="checkbox"/>	
Food Distribution Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/20/2023

\*The effective date of any program change is the date indicated below in the “CDE Use Only” box

B. State Meal Mandate Attestation: For use when NSLP and SBP is requested to be discontinued

By checking this box, we affirm that we will continue to serve meals to students in accordance with the State Meal Mandate as defined in Education Code (EC) Section 49501.5, as applicable.

C. The amendment must be approved by the CDE in order for each CNP to be incorporated into or deleted from this Agreement.

D. The CDE prefers an electronic signature process using Adobe Sign. The CDE will initiate the electronic signature process once the Program Operator’s Child Nutrition Program Application has been submitted and approved.

Exhibit A to the Permanent Single Agreement may also be returned by mail. Note that an original signature is required when selecting this method of return. Return by mail with original signature to:

California Department of Education  
Nutrition Services Division  
1430 N Street, Suite 4503  
Sacramento, CA 95814  
800-952-5609

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 **SIGNATURE OF AUTHORIZED OFFICIAL FOR THE PROGRAM OPERATOR/DATE**

Tracy Reece

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**PRINT NAME OF AUTHORIZED OFFICIAL**

Chief Probation Officer

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**TITLE OF AUTHORIZED OFFICIAL**

San Bernardino County Probation Department

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**PRINT NAME OF ORGANIZATION**

175 W. Fifth Street, 4th Floor, San Bernardino, CA 92415

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**ADDRESS OF ORGANIZATION**

(909) 387-5874

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**PHONE NUMBER**

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**EMAIL**

**CDE USE ONLY**

**EFFECTIVE DATE:**

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**SIGNATURE OF AUTHORIZED CDE REPRESENTATIVE, NSLP, SBP/DATE**

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**SIGNATURE OF AUTHORIZED CDE REPRESENTATIVE, AMS/DATE**

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**SIGNATURE OF AUTHORIZED CDE REPRESENTATIVE, SSO/DATE**

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**SIGNATURE OF AUTHORIZED CDE REPRESENTATIVE, SFSP/DATE**

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**SIGNATURE OF AUTHORIZED CDE REPRESENTATIVE, FDP/DATE**