**Afterschool Care Snack Program Two-Week Cycle Menu**

**Complete this Two-Week Cycle Menu ONLY IF THIS IS the first time the District/SFA has sponsored the acsp**.

However, as the system still requires this form to be submitted, if you are renewing, please check this box ,

leave the rest of the page blank, and submit this form in the claim system.

Submit a copy for each different menu followed by the program(s) applying. If you submit for more than one menu, copy this page and paste it as many times as needed, within and at the end of this document. Indicate the type of menu offered for the Afterschool Care Snack Programs by checking the appropriate “menu type” box and following these instructions.

1. If menus are program based, list the names of the programs to which the menu applies. If the menus are site based, list the names of the sites to which the menu applies. If the menus are the same for all sites and programs, check the district/agency based box and supply only one two-week cycle menu.

2. Indicate the specific food offered and the exact serving size/weight. Do *not* indicate serving size quantities by the number of packages, containers, or “each.” There must be a quantity by measurement indicated (i.e., tbsp, cups, oz, etc.). Utilize the USDA Food Buying Guide as a reference.

District/Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Programs Applying \_\_\_\_\_ Menu Type: Program Based Site Based District/Agency Based Menu Applies to the following program(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Week 1** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Grain | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |
| Meat/Meat Alternate | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |
| Fruit/Vegetable | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |
| Milk | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |
| **Week 2** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Grain | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |
| Meat/Meat Alternate | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |
| Fruit/Vegetable | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |
| Milk  *Submit one menu for each varied menu followed by the Afterschool Care Snack Programs to the Colorado Department of Education, Office of School Nutrition.* | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: | Food:  Serving Size: |