

Agreement: 2301001

Adrian School District #61
Business Manager
P.O. Box 108
Adrian, OR 97901

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,526.75

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0201001

Alsea SD 7J
Business Manager
PO Box B
Alsea, OR 97324

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 895.70

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3601002

Amity SD 4J
Business Manager
807 S Trade St
Amity, OR 97101

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

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- Sign and date this form
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- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,096.15

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2301002

Annex SD 29
Business Manager
402 Annex Road
Ontario, OR 97914

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

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- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 427.45

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1101001

Arlington SD 3
Business Manager
P.O. Box 10
Arlington, OR 97812

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 680.82

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1501002

Ashland SD 5
Business Manager
885 Siskiyou Blvd.
Ashland, OR 97520

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,362.14

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0401002

Astoria SD 1
Business Manager
785 Alameda Avenue
Astoria, OR 97103

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,070.74

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3001001

Athena-Weston SD 29RJ
Business Manager
375 S. Fifth St.
Athena, OR 97813

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,360.65

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0102001

Baker School District 5J
Business Manager
2090 4th St.
Baker City, OR 97814

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$8,203.96

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0602001

Bandon School District 54
Business Manager
455 9th Street SW
Bandon, OR 97411

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,121.30

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3402001

Banks School District 13
Business Manager
12950 NW Main Street
Banks, OR 97106

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,079.60

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3402002

Beaverton SD 48J
Business Manager
10740 NE Walker Road, D1
Hillsboro, OR 97006

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$133,645.87

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0902001

Bend-LaPine Admin SD 1
Business Manager
520 NW Wall Street
Bend, OR 97703

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$60,033.25

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2002002

Bethel SD 52
Business Manager
4640 Barger Drive
Eugene, OR 97402

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$24,127.37

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2002003

Blachly SD 90
Business Manager
20264 Blachly Grange Rd
Blachly, OR 97412

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 705.30

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0802001

Brookings-Harbor SD 17C
Business Manager
629 Easy St.
Brookings, OR 97415

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,316.55

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0102002

Burnt River SD 30J
Business Manager
PO Box 9
Unity, OR 97884

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 168.89

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1502001

Butte Falls SD 91
Business Manager
P.O. Box 228
Butte Falls, OR 97522

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 823.77

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1003001

Camas Valley SD 21J
Business Manager
PO Box 57
Camas Valley, OR 97416

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 895.40

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0303003

Canby SD 86
Business Manager
1130 S Ivy St
Canby, OR 97013

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

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- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$13,426.60

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2403005

Cascade SD 5
Business Manager
10226 Marion Rd SE
Turner, OR 97392

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$11,923.63

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2603006

Centennial SD 28J
Business Manager
3424 SE 174th
Portland, OR 97236-1235

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$25,146.68

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0803001

Central Curry SD 1
Business Manager
29516 Ellensburg Ave.
Gold Beach,, OR 97444

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,363.87

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2203003

Central Linn SD 552
Business Manager
PO Box 200
Halsey, OR 97348

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,852.70

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1503002

Central Point SD 6
Business Manager
300 Ash Street
Central Point, OR 97502

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
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- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$23,706.01

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2703001

Central SD 13J
Business Manager
750 S Fifth St.
Independence, OR 97351

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$12,820.29

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0503001

Clatskanie SD 6J
Business Manager
PO Box 678
Clatskanie, OR 97016

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,666.10

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0303007

Colton SD 53
Business Manager
30429 S. Grays Hill Road
Colton, OR 97017

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,414.58

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1103001

Condon SD 25J
Business Manager
210 E. Bayard
Condon, OR 97823

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 566.58

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0603004

Coos Bay SD 9
Business Manager
1255 Hemlock Ave.
Coos Bay, OR 97420

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$14,572.40

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0603005

Coquille SD 8
Business Manager
970 N Central Blvd
Coquille, OR 97423

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$5,285.30

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2603013

Corbett SD 39
Business Manager
35800 E Historic Columbia River Highway
Corbett, OR 97019

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,677.16

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0203003

Corvallis SD 509J
Business Manager
1555 SW 35th St.
Corvallis, OR 97333

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$18,097.58

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3103003

Cove SD 15
Business Manager
PO Box 68
Cove, OR 97824

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,098.65

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2003008

Creswell SD 40
Business Manager
998 A Street
Creswell, OR 97426

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$5,282.68

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0703001

Crook Co SD
Business Manager
471 NE Ochoco Plaza Dr.
Prineville, OR 97754-8467

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$12,630.89

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2003009

Crow-Applegate-Lorane
Business Manager
85955 Territorial Road
Eugene, OR 97402

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,459.25

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1603003

Culver SD 4
Business Manager
P. O. Box 259
Culver, OR 97734

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,145.94

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2704001

Dallas SD 2
Business Manager
111 SW Ash St
Dallas, OR 97338

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$9,859.26

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2604001

David Douglas SD 40
Business Manager
2900 SE 122nd Ave
Portland, OR 97236

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$49,193.96

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3604001

Dayton SD 8
Business Manager
P.O. Box 219
Dayton, OR 97114-0219

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,498.89

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1204001

Dayville SD 16J
Business Manager
P.O. Box C
Dayville, OR 97825

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 240.67

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1704002

Dome School, The
Business Manager
9367 Takilma Road.
Cave Junction, OR 97523

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 55.16

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1004001

Douglas County SD 15
Business Manager
PO Box 10
Days Creek, OR 97429

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,154.76

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1018004

Douglas County SD 4
Business Manager
1419 NW Valley View Drive
Roseburg, OR 97471

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$22,247.77

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3304001

Dufur SD 29
Business Manager
802 NE 5th Street
Dufur, OR 97021

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,771.20

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1505001

Eagle Point SD 9
Business Manager
P.O. Box 548
Eagle Point, OR 97524

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$21,462.88

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3005001

Echo SD 5
Business Manager
600 Gerone Street
ECHO, OR 97826

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,391.46

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3105002

Elgin SD 23
Business Manager
1111 Division Street
Elgin, OR 97827

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,270.74

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1005001

Elkton SD 34
Business Manager
PO Box 390
Elkton, OR 97436

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,003.70

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3205001

Enterprise SD 21
Business Manager
201 S.E. 4th
Enterprise, OR 97828

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,726.47

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0305002

Estacada SD 108
Business Manager
255 NE 6th Avenue
Estacada, OR 97023

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,872.45

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2005005

Eugene SD 4J
Business Manager
200 N MONROE
EUGENE, OR 97402

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$58,775.48

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2706001

Falls City SD 57
Business Manager
111 N Main Street
Falls City, OR 97344

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 781.11

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2006003

Fern Ridge SD 28J
Business Manager
88834 Territorial Rd
Elmira, OR 97437

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$5,220.42

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3406001

Forest Grove SD 15
Business Manager
1728 Main St
Forest Grove, OR 97116

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$27,546.77

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3407001

Gaston SD 511J
Business Manager
300 Park St
Gaston, OR 97119

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,579.19

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2407001

Gervais SD 1
Business Manager
PO Box 100
Gervais, OR 97026

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$5,679.41

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0307001

Gladstone SD 115
Business Manager
17789 Webster Rd
Gladstone, OR 97027

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,000.98

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2513001

Morrow SD 1
Business Manager
240 Columbia Lane
Irrigon, OR 97844

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$11,480.46

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2413003

Mt. Angel SD 91
Business Manager
PO Box 1129
Mount Angel, OR 97362

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,500.55

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2613008

Multnomah ESD
Business Manager
PO Box 301039
Portland, OR 97294

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,130.50

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0613002

Myrtle Point SD 41
Business Manager
413 C St
Myrtle Point, OR 97458

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,170.11

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3614001

Newberg SD 29J
Business Manager
714 E Sixth Street
Newberg, OR 97132-3406

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$14,570.59

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0614001

North Bend SD 13
Business Manager
1913 Meade Street
North Bend, OR 97459

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$8,865.34

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0314001

North Clackamas SD 12
Business Manager
4444 SE Lake Road
Milwaukie, OR 97222-4799

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$61,036.29

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1014001

North Douglas SD 22
Business Manager
PO Box 338
Drain, OR 97435

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,835.18

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1914001

North Lake SD 14
Business Manager
57566 Fort Rock Rd.
Silver Lake, OR 97638

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,016.04

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3319001

South Wasco Co SD 1
Business Manager
P.O. Box 346
Maupin, OR 97037

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,137.43

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3519001

Spray SD 1
Business Manager
PO Box 230
Spray, OR 97874

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 292.20

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2019007

Springfield SD 19
Business Manager
640 A Street
Springfield, OR 97477

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$41,686.28

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0519003

St. Helens SD 502
Business Manager
474 N 16th St.
St. Helens, OR 97051

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$13,013.81

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2419011

St. Paul SD 45
Business Manager
20449 Main St. NE
St. Paul, OR 97137

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 999.57

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3019001

Stanfield SD 61
Business Manager
1120 North Main
Stanfield, OR 97875

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,536.75

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1019003

Sutherlin SD 130
Business Manager
531 E Central
Sutherlin, OR 97479

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,360.63

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2219004

Sweet Home SD 55
Business Manager
1641 Long Street
Sweet Home, OR 97386

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$10,891.97

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1720001

Three Rivers-Josephine
Business Manager
126 Ringuette Street
Grants Pass, OR 97527

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$19,827.02

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1007001

Glendale SD 77
Business Manager
PO Box E
Glendale, OR 97442

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,457.64

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1007002

Glide SD 12
Business Manager
18990 N Umpqua Hwy
Glide, OR 97443

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,049.47

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1707001

Grants Pass SD 7
Business Manager
725 Dean Street
Grants Pass, OR 97526

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$27,862.40

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2207001

Greater Albany Public SD
Business Manager
3610 Grand Prairie Rd SE
Albany, OR 97322

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$38,901.91

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2607003

Gresham-Barlow SD 10J
Business Manager
1331 NW Eastman Parkway
Gresham, OR 97030

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$40,549.70

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1308001

Harney County SD 3
Business Manager
190 Hines Blvd
Burns, OR 97720

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,064.77

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1303002

Harney County Union High
Business Manager
43277 Crane-Venator Ln
Crane, OR 97732

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,403.04

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2308001

Harper SD 66
Business Manager
2987 Harper/Westfall Rd
Harper, OR 97906

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 765.54

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2208001

Harrisburg SD 7J
Business Manager
PO Box 208
Harrisburg, OR 97446

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,041.57

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3008005

Hermiston SD 8
Business Manager
305 SW 11th St
Hermiston, OR 97838

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$28,406.05

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3408001

Hillsboro SD 1J
Business Manager
3083 NE 49th Place #208
Hillsboro, OR 97124

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$81,937.88

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1408001

Hood River County SD
Business Manager
1011 Eugene Street
Hood River, OR 97031

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$17,604.50

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0108001

Huntington SD 16 J
Business Manager
520 Third Street E
Huntington, OR 97907

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 355.92

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3109001

Imbler SD 11
Business Manager
PO Box 164
Imbler, OR 97841

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,391.05

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2509001

Ione SD R2
Business Manager
P.O. Box 167
Ione, OR 97843

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 474.30

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1610001

Jefferson Co SD 509J
Business Manager
445 SE Buff Street
Madras, OR 97741

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$15,561.34

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2410001

Jefferson SD 14J
Business Manager
1328 N 2nd St
Jefferson, OR 97352

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,198.72

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1207001

John Day SD 3
Business Manager
401 N CANYON CITY BLVD
CANYON CITY, OR 97820

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,160.67

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3210001

Joseph SD 6
Business Manager
PO Box 787
Joseph, OR 97846

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,245.73

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2010001

Junction City SD 69
Business Manager
325 Maple Street
Junction City, OR 97448

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$5,475.91

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1811002

Klamath County SD
Business Manager
2845 Greensprings DR
Klamath Falls, OR 97601

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$38,069.67

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1811005

Klamath Falls City Schools
Business Manager
1336 Avalon St.
Klamath Falls, OR 97603

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$13,546.79

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0411001

Knappa SD 4
Business Manager
41535 Old Hwy 30
Astoria, OR 97103

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,039.28

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3112001

LaGrande SD 1
Business Manager
1305 North Willow Street
La Grande, OR 97850

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$10,231.81

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1912001

Lake County SD 7
Business Manager
1341 South 1st Street
Lakeview, OR 97630

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,298.01

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0312001

Lake Oswego SD 7J
Business Manager
2501 Country Club Road
Lake Oswego, OR 97034-0070

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$16,327.79

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2012007

Lane ESD
Business Manager
1200 Highway 99 N
Eugene, OR 97402

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 354.06

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2212001

Lebanon Community SD 9
Business Manager
485 S. 5th St.
Lebanon, OR 97355

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$17,330.73

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2112001

Lincoln County SD
Business Manager
1811 NE Arcadia Drive
Toledo, OR 97391

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$21,438.96

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1212001

Long Creek SD 17
Business Manager
PO Box 429
Long Creek, OR 97856-0429

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 131.37

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2012005

Lowell SD 71
Business Manager
65 S Pioneer
Lowell, OR 97452

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,673.30

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1513002

Madrone Trail Public Charter School
Business Manager
3070 N Ross Lane
Central Point, OR 97502

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 941.99

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2013001

Mapleton SD 32
Business Manager
10868 E Mapleton Rd
Mapleton, OR 97453

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 692.00

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2013002

Marcola SD 79J
Business Manager
38300 Wendling Rd.
Marcola, OR 97454

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 952.52

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2013003

McKenzie SD 68
Business Manager
51187 Blue River Dr.
Vida, OR 97488

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,073.76

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3613001

McMinnville SD 40
Business Manager
800 NE Lafayette Ave.
McMinnville, OR 97128

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$26,729.40

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1513001

Medford SD 549C
Business Manager
900 Kenyon St.
Medford, OR 97501

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$54,411.31

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3013001

Milton-Freewater Unified
Business Manager
1020 S Mill Street
Milton-Freewater, OR 97862

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$9,253.15

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0313001

Molalla River SD 35
Business Manager
PO Box 188
Molalla, OR 97038

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$7,793.94

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0213001

Monroe SD 1J
Business Manager
365 North 5th Street
Monroe, OR 97456

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,429.49

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1213001

Monument SD 8
Business Manager
P.O. Box 127
Monument, OR 97864

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 324.79

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2414002

North Marion SD 15
Business Manager
20256 Grim Rd NE
Aurora, OR 97002

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$8,246.48

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3114001

North Powder SD 8J
Business Manager
PO Box 10
North Powder, OR 97867

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,166.95

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2414003

North Santiam SD 29J
Business Manager
1155 N. 3rd Ave
Stayton, OR 97383

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$9,875.43

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3314003

North Wasco Co. SD
Business Manager
3632 W. 10th Street
The Dalles, OR 97058

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$11,342.49

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2314001

Nyssa SD 26
Business Manager
804 Adrian Blvd.
Nyssa, OR 97913

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,029.79

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1015001

Oakland SD 1
Business Manager
PO Box 390
Oakland, OR 97462

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,390.32

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2015001

Oakridge SD 76
Business Manager
76499 Rose St
Oakridge, OR 97463

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,632.20

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2315001

Ontario SD 8C
Business Manager
195 S.W. 3rd Ave
Ontario, OR 97914

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$14,713.19

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0315002

Oregon City SD 62
Business Manager
PO Box 2110
Oregon City, OR 97045

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$22,115.94

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2415003

Oregon Department of Education
Business Manager
999 Locust St. NE
Salem, OR 97301

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 550.00

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0315003

Oregon Trail SD 46
Business Manager
P.O. Box 547
Sandy, OR 97055

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$16,386.02

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2616002

Parkrose SD 3
Business Manager
10636 NE Prescott St
Portland, OR 97220

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$11,872.95

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3016001

Pendleton SD 16
Business Manager
107 NW 10th street
Pendleton, OR 97801

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$13,106.04

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2716001

Perrydale SD 21
Business Manager
7445 Perrydale Rd
Amity, OR 97101

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,307.64

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0216001

Philomath SD 17J
Business Manager
1620 Applegate St
Philomath, OR 97370

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$4,523.54

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1516001

Phoenix-Talent SD 4
Business Manager
PO Box 698
Phoenix, OR 97535

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$11,770.80

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3016002

Pilot Rock SD 2
Business Manager
PO Box BB
Pilot Rock, OR 97868

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,325.17

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0116001

Pine Eagle SD 61
Business Manager
375 N. Main Street
Halfway, OR 97834

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,042.84

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2016002

Pleasant Hill SD 1
Business Manager
36386 Highway 58
Pleasant Hill, OR 97455

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,735.08

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0816001

Port Orford-Langlois SD
Business Manager
P.O. Box 8
Port Orford, OR 97465

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,585.74

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2616011

Portland SD 1J
Business Manager
501 N. Dixon
Portland, OR 97227

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$153,859.49

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 1216001

Prairie City SD 4
Business Manager
P.O. Box 345
Prairie City, OR 97869

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,243.01

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1516002

Prospect SD 59
Business Manager
P.O. Box 40
Prospect, OR 97536

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 818.58

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0518001

Rainier SD 13
Business Manager
28168 Old Rainier Road
Rainier, OR 97048

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,772.65

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0918002

Redmond SD 2J
Business Manager
145 SE Salmon Dr
Redmond, OR 97756

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$24,874.48

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1018001

Reedsport SD 105
Business Manager
100 Ranch Road
Reedsport, OR 97467

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,119.14

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2618002

Reynolds SD 7
Business Manager
1204 NE 201st Ave
Fairview, OR 97024

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$46,686.83

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1018002

Riddle SD 70
Business Manager
PO Box 45
Riddle, OR 97469

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,806.21

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1518001

Rogue River SD 35
Business Manager
PO Box 1045
Rogue River, OR 97537

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$4,184.24

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2419004

Salem-Keizer SD 24J
Business Manager
2450 Lancaster Dr. NE
Salem, OR 97305

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$182,147.73

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2219001

Santiam Canyon SD 129J
Business Manager
PO Box 197
Mill City, OR 97360

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,367.90

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0519001

Scappoose SD 1J
Business Manager
33589 SE High School Way
Scappoose, OR 97056

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,026.82

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2219002

Scio SD 95
Business Manager
38875 N.W. 1st Ave.
Scio, OR 97374

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,264.74

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3619001

Sheridan SD 48J
Business Manager
435 S Bridge Street
Sheridan, OR 97378

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,143.72

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2819001

Sherman Co SD
Business Manager
65912 High School Loop
Moro, OR 97039

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,212.08

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3419001

Sherwood SD 88J
Business Manager
21920 SW Sherwood Blvd
Sherwood, OR 97140

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$10,947.79

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2419006

Silver Falls SD 4J
Business Manager
612 Schlador Street
Silverton, OR 97381

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$10,078.48

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0919001

Sisters SD 6
Business Manager
525 E. Cascade Ave.
Sisters, OR 97759

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,564.45

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2019002

Siuslaw SD 97J
Business Manager
2111 Oak St
Florence, OR 97439

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$5,590.25

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2019006

South Lane SD 45J3
Business Manager
P.O. Box 218
Cottage Grove, OR 97424

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$12,712.09

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1019001

South Umpqua SD 19
Business Manager
558 SW Chadwick Lane
Myrtle Creek, OR 97457

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$7,951.40

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3420001

Tigard-Tualatin SD 23J
Business Manager
6960 SW Sandburg Street
Tigard, OR 97223

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$33,986.93

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2920002

Tillamook SD 9
Business Manager
2510 1st Street
Tillamook, OR 97141

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$8,474.31

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3021002

Umatilla SD 6R
Business Manager
1001 6th Street
Umatilla, OR 97882

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$8,469.02

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3121001

Union SD 5
Business Manager
PO Box 908
Union, OR 97883

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,444.75

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 2322001

Vale SD 84
Business Manager
403 E Street West
Vale, OR 97918

**National School Lunch Program
State Revenue Matching
SY 2024-25 Reporting Form**

Instructions:

- Complete the information requested for the state match transfer
- Sign and date this form
- Provide documentation of the transfer of funds from General Fund to the Non-Profit School Food Service account. **Documentation needs to show exact amount of required State Match. This may require a journal entry marked "State Match Requirement"**
- Return to: ode.schoolnutrition@ode.oregon.gov Subject: State Match
- Retain a copy of this form and the supporting documentation for record keeping purposes

The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$4,272.69

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0522001

Vernonia SD 47J
Business Manager
1201 Texas Ave
Vernonia, OR 97064

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,060.64

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 3223001

Wallowa SD 12
Business Manager
PO Box 425
Wallowa, OR 97885

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$ 814.05

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 0423001

Warrenton-Hammond SD
Business Manager
820 SW Cedar Avenue
Warrenton, OR 97146

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$4,314.30

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 0323001

West Linn-Wilsonville SD
Business Manager
2755 SW Borland Rd
Tualatin, OR 97062

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$20,273.31

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3623002

Willamina SD 30J
Business Manager
PO Box 1000
Willamina, OR 97396

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$3,712.81

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1023001

Winston-Dillard SD 116
Business Manager
620 NW Elwood
Winston, OR 97496

**National School Lunch Program
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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$6,129.67

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 2423006

Woodburn SD 103
Business Manager
1390 Meridian Dr
Woodburn, OR 97071

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$29,725.02

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Oregon Department of Education
255 Capitol St. NE
Salem, OR 97310

Child Nutrition Programs

Agreement: 3625001

Yamhill Carlton SD 1
Business Manager
120 N. Larch Place
Yamhill, OR 97148

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$2,250.34

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____

Agreement: 1025001

Yoncalla SD 32
Business Manager
P. O. Box 568
Yoncalla, OR 97499

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The amount of state appropriated general purpose or undesignated revenues that must be transferred to the Non-Profit School Food Service account in order to meet the general cash assistance match for SY 2024-25 is:

\$1,503.58

The required match was made by:

Fund Transfer from General Fund to the Non Profit Food Services Account:

Date _____ Amount _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Email Address: _____