# Policy Statement for Free and Reduced Price Meals

# Provision 2 Amendment

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School Food Authority (SFA),

agrees to participate in Provision 2 at the school(s) listed below, for the programs indicated, and accepts responsibility for schools under its jurisdiction that agree to provide meals at no charge to all enrolled children, provided that public notification and eligibility determinations are conducted in accordance with 7 CFR 245.5 and 7 CFR 245.3, respectively, during the base year. The school food authority certifies that the school(s) listed below meet all the required criteria outlined in 7 CFR 245.9(b).

For each school participating, list the following:

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**School Name**

Participating in Provision 2 Breakfast? (Please check) Yes [ ]  No [ ]

Participating in Provision 2 Lunch? (Please check) Yes [ ]  No [ ]

Initial year and month of implementation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the school years the cycle is expected to remain in effect (up to four years including the base year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year to reconsider (4 years from base year): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will use the following socioeconomic data to support a request for extension after the cycle concludes (check at least one source, multiple sources are recommended):

[ ]  The unemployment rate for (city, county, or state) ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as of (date) \_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  \_\_\_\_\_\_ % of the student population is directly certified for free meals based on 3SquaresVT (SNAP) participation as of April 1, \_\_\_\_\_\_\_\_\_ (year prior to base year).

[ ]  Free and Reduced Meal Applications or Income forms show that \_\_\_\_\_\_\_\_\_ % of students qualify for free and reduced meals as of \_\_\_\_\_\_\_\_\_ (date).

[ ]  The following information collected by the city or county zoning or economic planning office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

For each school participating, list the following:

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**School Name**

Participating in Provision 2 Breakfast? (Please check) Yes [ ]  No [ ]

Participating in Provision 2 Lunch? (Please check) Yes [ ]  No [ ]

Initial year and month of implementation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the school years the cycle is expected to remain in effect (up to four years including the base year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year to reconsider (4 years from base year): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ]  \_\_\_\_\_\_ % of the student population is directly certified for free meals based on 3SquaresVT (SNAP) participation as of April 1, \_\_\_\_\_\_\_\_\_ (year prior to base year).

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[ ]  The following information collected by the city or county zoning or economic planning office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Submitted by:

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Title:

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Date:

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Telephone Number:

Active email address of Superintendent/Administrator:

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
[program.intake@usda.gov](http://mailto:program.intake@usda.gov/)

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