

## Policy Statement for Free and Reduced Price Meals Provision 2 Amendment

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:

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:

---

---

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:

---

## Signature Page

Filed by:

Approved by:

---

SFA Representative Printed Name

---

Director of Child Nutrition Programs  
Printed Name

---

SFA Representative Signature

---

Director of Child Nutrition Programs  
Signature

---

Title

---

Date Approved

---

Date

---

Active Email Address of  
Superintendent/Administrator

**Non-Discrimination Statement:**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- 2.fax: (202) 690-7442; or
- 3.email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.