# **NSLP Indirect Cost**

| Гhе           | Marion County                      | Board of Education:                                 |  |
|---------------|------------------------------------|---|--|
| (Che          | eck which is applicable to your d  | istrict)  |  |
| 1.            | Will collect indirect cost from    | om food service at the non-res                      | stricted rate approved by KDE.   |
| 2.            | Will collect indirect cost at      | a rate less than the non-restri                     | cted rate approved by KDE.   |
| Ac            | ljustments:                        |   |  |
| 1.            | Did not make adjustments           | to the indirect cost pool.                          |  |
| 2.            | Make adjustments to the in         | ndirect cost pool.                                  |  |
| A             | Adjustments made include MUN       | IS codes:   |  |
|               |                                    |   |  |
| will<br>tran: | be used to calculate the indire    | ct cost. We also understanded the allowable amount. | rtment of Education for our district<br>d that the indirect cost should be<br>We understand that this document |
|               |                                    |   |  |
| Sup           | perintendent's Signature           |   | Date:  |
|               | do c                               |   | 3/25/2024  |
| Fin           | ance Officer's Signature           |   | Date:  |
|               |                                    |   |  |
| Chi           | ild Nutrition Director's Signature | 3   | Date:  |

Last Revised: Feb. 2024

#### **Community Eligibility Provision Intent to Participate**

| Assurances Marion Co.             |   |
|-----------------------------------|---|
| I certify that Schools            | hereby intends to participate in the Community Eligibility Provision      |
| offered by the USDA's National So | chool Lunch Program. By doing so, I agree that the following policies and |
| procedures shall be abided by:    |   |

- Must provide breakfast and lunch to all participating students at no charge;
- Must cover any costs of providing meals to students that exceed the Federal reimbursement with non-federal funds;
- Must not collect school meal applications from households for the purpose of the National School Lunch and School Breakfast Programs;
- Understand that the program is reimbursed using a formula based on the Identified Student Percentage (ISP);
- Must retain records used in the development of the ISP during the entire period CEP is in effect or if noncompliance is identified until resolved.
- Create and implement a process at the school level to distribute, collect and process the
  household income form (HIF). Such processes will be developed and managed separately from
  the School Nutrition Program and should include the appointment of a FRAM Coordinator. Any
  time and effort contributed to this process by food service staff must be paid from another fund
  source, as this work is not an allowable expense to the non-profit school food service account.

#### Validation and Record Keeping

I also understand documentation must be submitted to SCN and kept on the file. This includes the following:

- Documentation to validate April data reported annually used to determine the CEP claiming percentage(s). The following documentation must be submitted to SCN via CNIPS during the application process:
  - Documentation supporting the number entered for enrollment at each site that is reflective as of April 1st. The enrollment is the number of students with access to SBP and/or NSLP as obtained from the point of sale.
  - Documentation supporting the number of students who are identified as directly certified. This must be student level data to support the total entered in April reporting.
    - This includes documentation for students identified as homeless, migrant, runaway, and head start. This documentation can be submitted in one of the following formats:
      - Signed and Dated List:
         The SFA obtains a documented list from the appropriate program liaison. The list must contain the following information: student name and effective date. The list must be signed and dated by the appropriate program official prior to April 1.
      - Electronic Systems List:
         The SFA has access to student records in the school's student information
         system. The student record must meet the following requirements: the record

This institution is an equal opportunity provider.

must indicate that the student meets one of the categorical program eligibilities and that eligibility must be determined and assigned to the student by the appropriate program official/school liaison. The record must include an effective date. The SFA may consider student records that include the categorical program designation, given by the program official to the student, as documentation of eligibility.

Records that can validate the children who are directly certified through an
extension of eligibility of another household member. These should be the same
records used to identify and confirm the household composition that enabled the
extension of eligibility.

#### SCN Direct Certification Download Information

It is understood that due to the confidentiality and sensitive nature of the SCN Direct Certification download information, local officials are encouraged not to keep printed copies or electronic copies of the download information. SCN maintains user access permission and information is automatically shared through the statewide POS system for those users.

For non-statewide POS users, SCN requires that a program official have access to the SCN Direct Certification Download System. All individuals with access must annually complete SCN Direct Certification Download Access Confidentiality Training and sign a non-disclosure affidavit.

| Food Service Director | Date     |
|-----------------------|----------|
| Chairman of Board     | Date     |
| <br>Superintendent    | <br>Date |

#### FOR FREE AND REDUCED PRICE MEALS, AFTER SCHOOL SNACKS, AND/OR FREE MILK

| The <u>Marion Co</u> | . Board   | d of Education has agreed to participate in the:  |
|----------------------|-----------|---|
| (Name                | of Local  | Education Agency)   |
|                      |           |   |
|                      |           | National School Lunch Program (NSLP) and/or   |
|                      |           | School Breakfast Program (SBP) and/or   |
|                      | $\supset$ | Special Milk Program (SMP) "split-session" kindergarten or  |
|                      |           | Special Milk Program (only schools <b>not</b> participating in the School Lunch or Breakfast Programs are eligible to participate in the Special Milk Program). |
|                      | $\supset$ | After School Snack Program  |
| and accepts respo    | onsibili  | ty for providing either:  |
|                      |           | Free and reduced price meals and/or   |
|                      | $\supset$ | Free milk to eligible children in "split session" kindergarten or   |
|                      | $\supset$ | Free milk to eligible children in "milk only" schools or  |
|                      | $\supset$ | Free or reduced price after school snacks   |

The Local Education Agency (LEA) assures the Kentucky Department of Education that the LEA will uniformly implement the following policy to determine children's eligibility for free and reduced price meals and free milk for kindergarten and free and reduced price snacks in all schools that participate in the NSLP and/or SBP and/or After School Snack Program. The LEA also determines children's eligibility for free milk in schools with pricing programs that only participate in the SMP. In fulfilling its responsibilities, the LEA agrees to all conditions outlined in this "Policy".

In fulfilling its responsibilities, the LEA agrees:

- To serve meals and/or after school snacks (or milk in those schools which offer the free milk
  option under the SMP) free to children from families who provide a Supplemental Nutrition
  Assistance Program (SNAP) (formerly known as Food Stamps) case number or a Kentucky
  Temporary Assistance Program (KTAP) case number on the application, or whose income is
  at or below the free scale of the current Income Eligibility Guidelines.
- To serve meals and/or after school snacks at a reduced price to children from households whose income is at or below the reduced price scale of the current Income Eligibility Guidelines.

- 3. That there will be no physical segregation of, nor any other discrimination against, any child against, any child because of his/her inability to pay the full price of the meal or milk. The names of the children eligible to receive free or reduced meals and/or after school snacks or free milk shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by use of special tokens, tickets or any other means. Further assistance is given that children eligible for free or reduced price meals and/or after school snacks or free milk shall not be required to:
  - a) Work for their meals or milk
  - b) Use a separate lunchroom or milk service area
  - c) Go through a separate serving line
  - d) Enter the lunchroom through a separate entrance
  - e) Eat meals or drink milk at a different time
  - f) Eat a meal different from the one sold to children paying the full price or drink milk different from that sold to children paying the full price
- 4. Agrees to avoid any policy or practice that has the effect of overtly identifying eligible children in the sale of competitive foods. If competitive foods are sold, the sale of competitive foods will not inadvertently result in eligible children being identified.

Ways to limit overt identification related to the sale of competitive foods include:

- a) Limit competitive foods to those also offered as part of reimbursable meals on the reimbursable lunch lines;
- b) Offer competitive foods on the same lines as reimbursable meals are offered; or
- c) Only allow competitive foods to be purchased with a pre-paid card.
- 5. To set reduced price charges for lunch, breakfast or after school snacks at or below the maximum reduced price allowed by regulations and below the full price of the lunch or breakfast. (The reduced price is as follows: 40 cents per lunch; 30 cents per breakfast; and 15 cents for after school snacks).
- 6. That, in the operation of school nutrition programs, no child shall be discriminated against because of race, color, national origin, sex, age or disability.
- 7. Agrees to inform parents of students participating in the program, as well as local minority and grassroots organizations, of the availability of program benefits and services, the nondiscrimination policy, and all significant changes in existing requirements that pertain to program eligibility and benefit.
- 8. To verify information on applications for free and reduced price meal benefits according to federal regulations.

- 9. Agrees that all program literature, website, radio and TV announcements will contain the nondiscrimination statement and procedures for filing a complaint.
- 10. To handle discrimination complaints in accordance with the requirements of federal regulations.
- 11. To establish and use a fair hearing procedure under which a family can appeal a decision made by the LEA with respect to the family's free or reduced price status. During the appeal and hearing, the child who was determined to be eligible based on the face value of the application submitted, will continue to receive free or reduced price meals or free milk.

Prior to initiating the hearing procedure, the school official, the parent(s), or guardian may request a conference to provide an opportunity for the parent(s) or guardian and school officials to discuss the situation, present information, obtain an explanation of data submitted in the application and the decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing.

The hearing procedure shall provide the following for both the family and the LEA:

- a) A publicly announced, simple method for making an oral or written request for a hearing.
- b) An opportunity to be assisted or represented by an attorney or other person.
- c) An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal.
- d) Reasonable promptness and convenience in scheduling a hearing, and adequate notice as to its time and place.
- e) An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference.
- f) An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.
- g) That the hearing be conducted and the decision be made by an official who did not participate in the decision under appeal or any previous conference.
- h) That the decision of the hearing official be based on the oral and documentary evidence presented at the hearing and entered into the hearing record.
- i) That the parties concerned and any designated representative thereof be notified in writing of the decision.
- j) That for each hearing a written record be prepared, including the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official and the reasons therefore, and a copy of the notification to the parties concerned of the hearing officials decision.

- k) That such written records shall be retained for a period of 3 years after the date of the final Claim for Reimbursement for the fiscal year to which they pertain, except that if audit findings have not been resolved, the records shall be retained beyond the 3 year period as long as required for resolution of the issues raised by the audit. These records must be made available for examination by the parties concerned or their designees at any reasonable time and place during the period.
- 12. To designate a qualified individual to review applications and make determinations of eligibility, using the criteria outlined in this policy. When an application is rejected, parents or guardians will be provided a written notification of:
  - a) The reason for the denial of benefits, e.g., income in excess of allowable limits or incomplete application;
  - b) Notification of the right to appeal;
  - c) Instructions of how to appeal; and
  - d) A statement reminding parents that they may reapply for free and reduced price benefits or free milk at any time during the school year.

The reason for ineligibility and documentation of notification to households shall be properly documented and retained on file at the LEA level.

**Note:** The hearing official must be someone **not** involved in the original eligibility determination or verification process. It is suggested that he/she hold a position at a higher administrative level that of the determining official.

13. To develop and distribute to each child's parents or guardian, a letter as outlined in the Letter to Parents. In addition, an application form for free and reduced price meals or free milk shall be distributed with the parent letter at or about the beginning of each school year or whenever there is a change in eligibility criteria. The letter to parents with the free and reduced price meal application attachment shall have <u>only</u> the income eligibility guidelines for reduced price meals with an explanation that households with incomes at or below the reduced price guidelines may be eligible for either free or reduced price meals. The letter to parents with the free milk application form shall list the income eligibility guidelines for free milk.

Interested parents or guardians are responsible for filling out the application and returning it to the school for review. Such applications and documentation of determinations made will be maintained for a period of 3 years following the end of the school year to which they pertain.

Applications may be filed at any time during the year. Parents or guardians enrolling a child in a school for the first time shall be supplied with appropriate meal or milk application materials regardless of the time of year the child is registered. If a child transfers from one school to another under the jurisdiction of the same LEA, his/her eligibility for free or reduced price meals or free milk will be transferred to and honored by the receiving school.

- Children will be served free or reduced price meals or milk immediately upon the establishment of their eligibility.
- 14. To inform households that a foster child is categorically eligible for free meals and may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children. Including children in foster care as household members can help other children in the household qualify for free and reduced price meals. If the foster family is not eligible for free or reduced price meal benefits, it does not prevent a foster child from receiving free meal benefits.
  - Households with children who are categorically eligible under Other Source Categorically Eligible Programs should contact the school for assistance in receiving benefits and mark the relevant box on the application to indicate their status.
- 15. To **submit a public/press release** containing both the free and reduced price eligibility guidelines and all other information outlined in the parent letter, to the local news media, local unemployment offices and major employers contemplating or experiencing large layoffs.
- 16. To ensure that there are no barriers for participation in Programs for Limited English Proficient (LEP) families and to communicate with parents and guardians in a language they can understand throughout the certification verification processes.
- 17. To maintain approved meal counting and claiming procedures. These procedures establish the process to collect money from children who pay for their meals, after school snacks or milk. To establish and follow a daily point of service meal counting procedure and to account for the number of free, reduced price, and full price meals, snacks or milks served.
- 18. To comply with the provisions of the Direct Certification process established by the Kentucky Department of Education.
- 19. To comply with the requirements of Provision 2, The Community Eligibility Provision and reimbursement alternatives if applicable.
- 20. Agrees to submit to the Kentucky Department of Education any alterations to the attachments of this policy before implementation. Such changes will be effective only upon approval from SCN.
- 21. The following attachments are adopted with and considered part of this policy:
  - a) Media Release
  - b) Letter to Household or Prototype Certification
  - c) Application for Free and Reduced-Price Meals or Prototype Certification

- d) Notice to Households of Approval/Denial of Benefits or Prototype Certification
- e) Direct Certification Notice or Prototype Certification
- f) Notification of Selection for Verification of Eligibility or Prototype Certification
- g) Letter of Verification Results and Adverse Action or Prototype Certification
- h) Statement of measures to prevent unauthorized disclosure

| Jusur                     | School Nutriti | on Director |
|---------------------------|----------------|-------------|
| Child Nutrition Director) | (Title)        | (Date)      |

## CIVIL RIGHTS COMPLIANCE QUESTIONNAIRE KENTUCKY DEPARTMENT OF EDUCATION SCHOOL AND COMMUNITY NUTRITION

| Sponsor Name:                    | Marion Co. Board of Education |  |
|----------------------------------|-------------------------------|--|
| Sponsor Number:                  | 10206                         |  |
| <b>Child Nutrition Director:</b> | Jennifer Wheler               |  |

## I. GENERAL INFORMATION:

The Kentucky Department of Education, hereinafter referred to as the Department, has the responsibility of assuring that all agencies receiving federal funds through the department are in compliance with Title VI of the Civil Rights Act of 1964. The information requested below will be used to determine your eligibility for participation in the Child Nutrition Programs.

#### II. COMPLIANCE CHECKLIST:

|   | Yes      | No | NA |
|---|----------|----|----|
| 1. Does sponsor have a written policy of nondiscrimination covering race, color, sex, age, national origin, or disability?  | ~        |    |    |
| 2. Does the written policy cover students/residents?  | V        |    |    |
| 3. Does the written policy cover employees?   | V        |    |    |
| 4. Is the policy of nondiscrimination published in a manner which is likely to bring the policy to the attention of minority groups?  | <b>V</b> |    |    |
| 5. Does the sponsor provide annual civil rights training (including training on limited English proficiency and accommodations) to all staff or individuals who work with the child nutrition programs?       | >        |    |    |
| 6. Do recruitment brochures and advertisements encourage participation of minorities?   | V        |    |    |
| 7. Is the sponsor capable of taking reasonable steps to assure meaningful access to the information and services provided for participants and potential participants with Limited English Proficiency (LEP)? | V        |    |    |
| 8. Are applicants for employment and admission treated in a non-discriminatory manner during interviews?  | V        |    |    |
| 9. Is financial aid (scholarships, tuition waivers, room and board) available without regard to race, color, sex, age, national origin, or disability?  |          |    | V  |
| 10. When meals are served, are services provided in a nondiscriminatory manner?   | V        |    |    |

Briefly describe any additional activities conducted by your agency to encourage minority participation in your programs:

- Our online menu can easily be translated to multiple languages.
- Café' Managers work with building counselors to ensure that students who enroll and have language barriers understand meal procedures and how to access menu's in their language.
- We offer a variety of menu selections in order to meet all individual needs.

| Give names of other | · federa | lagencies | which  | provide | assistance | to the | organization | (ann | licant) | ١. |
|---------------------|----------|-----------|--------|---------|------------|--------|--------------|------|---------|----|
| Olve hames of other | icucia   | ageneres  | WIIICH | provide | assistance | to the | organization | (app | meant,  | ١. |

- Title 1
- Perkins
- Title 3
- Title 4
- Title 5
- Title 2
- IDEA

| Have any of thes | se federal | agencies   | found | the organiz | zation | (applicant) | to be in | n |
|------------------|------------|------------|-------|-------------|--------|-------------|----------|---|
| noncompliance?   | If so, wl  | nich agend | cies? |             |        |             |          |   |

NO

### III. DATA COLLECTION

Complete the chart below using the most recent information available. KY School Districts in which this information is collected via Infinite Campus do not need to complete this section.

|  | Number of employees in food service. | Number of students/ participants. |
|--|--------------------------------------|-----------------------------------|
| Ethnicity:   |                                      | NOTE THE PARTY OF THE PARTY.      |
| Hispanic or Latino – A Person of Cuban, Mexican,         |                                      |                                   |
| Puerto Rican, South or Central American, or other        |                                      | 280                               |
| Spanish culture or origin, regardless of race.           |                                      | do                                |
| Not Hispanic or Latino                                   |                                      | 2681                              |
| TOTAL  |                                      | 280<br>2681<br>2961               |
| Race:  |                                      |                                   |
| American Indian or Alaskan Native – A person having      |                                      |                                   |
| origins in any of the original peoples of North or South |                                      |                                   |
| America (including Central America), and who maintains   |                                      | Ø                                 |
| tribal affiliation or community attachment.              |                                      | ~                                 |
| Asian – A person having origins in any of the original   |                                      |                                   |
| Peoples of the far East, Southeast Asia, or the Indian   |                                      |                                   |
| subcontinent, including, for example Cambodia, China,    |                                      | 201                               |
| India, Japan, Korea, Malaysia, Pakistan, the Philippine  |                                      | 21                                |
| Islands, Thailand, and Vietnam.                          |                                      |                                   |
| Black or African American – A person having origins in   |                                      | 265                               |
| Any of the black racial groups of Africa.                |                                      | 3 <b>5</b> 5                      |
| Native Hawaiian or Other Pacific Islander – A person     |                                      |                                   |
| Having origins in any of the original peoples of Hawaii, |                                      | 20                                |
| Guam, Samoa, or other Pacific Islands.                   |                                      | 0                                 |
| White – A person having origins in any of the original   | 3                                    | 20<br>2295                        |
| peoples of Europe, the Middle East, or North Africa.     |                                      | <i>a</i>                          |
| TOTAL  |                                      |                                   |
|  |                                      |                                   |
|  |                                      |                                   |

<sup>\*</sup>Race and Ethnicity are TWO separate categories: It is possible that the total number for Race may be larger than the total number for Ethnicity as respondents have the option of selecting more than one race.

I certify that the information contained herein is true and correct to the best of my knowledge and that the school(s) or institution(s) do(es) not discriminate on the basis of race, color, sex, age, national origin, or disability.

| Ju3 | W                        |      |
|-----|--------------------------|------|
| 0   | Child Nutrition Director | Date |