Community Eligibility Provision Intent to Participate

<u>Assurances</u>

I certify that _____hereby intends to participate in the Community Eligibility Provision offered by the USDA's National School 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.

<u>Validation and Record Keeping</u>

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

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.

o 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

_____   _____
Superintendent   Date

This institution is an equal
opportunity provider.