Application to Participate in Area Eligibility Waiver - SFSP during the 2020-2021 SY

As allowed by *COVID-19 Child Nutrition Response #52, Nationwide Waiver to Extend Area Eligibility Waivers – Extension 2*, issued on 8/31/20

Sites with 40-49% Free/Reduced Eligibility

Site Name	Percentage (%) of Free/Reduced Eligible	Data Source *(ex. Based on October 2019 Claim; or current CEP ISP)*

Plan for how known free/reduced children in the school zone would be targeted (select all that apply)

- ☐ Bus route
- ☐ Email blast
- ☐ Robocalls
- ☐ Letters to Parents
- ☐ Our participation rates are significantly higher among free/reduced population.
  Insert Free/Reduced Average Daily Participation (ADP) Rate _____
- ☐ Other - Describe:

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Sites with less than 40% Free/Reduced Eligibility

Site Name	Percentage (%) of Free/Reduced Eligible	Data Source *(ex. Based on October 2019 Claim; or current CEP ISP)*

Plan for how known free/reduced children in the school zone would be targeted (select all that apply)

- ☐ Bus route
- ☐ Email blast
- ☐ Robocalls
- ☐ Letters to Parents
- ☐ Our participation rates are significantly higher among free/reduced population.
  Insert Free/Reduced Average Daily Participation (ADP) Rate _____
- ☐ Other - Describe

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SITES WITH LESS THAN 40% FREE/REDUCED MUST COMPLETE - Specific Justification for the need to operate the site (e.g. pocket of poverty, local knowledge of COVID-related unemployment that would likely make many families newly eligible for free or reduced benefits.

☐ By checking I acknowledge that this information must be reported in narrative form to the State Agency after the emergency feeding program ends. A template will be provided by the SA

A summary of the use of this waiver by the State agency and local Program operators:

- A summary of how new meal sites were targeted to benefits for children who were previously eligible or newly eligibly for program benefits due to the economic impacts of COVID-19, and
- A description of whether and how this waiver resulted in improved services to Program participants.

Name of Person Submitting: _____

Title of Person Submitting: _____

Date Submitting: _____

STATE AGENCY USE ONLY

Approved By: _____

Date Approved: _____

This Institution is an equal opportunity provider.