

Meal Pattern Flexibility Request

District/Sponsor Name: _____

Contact Name: _____ Contact Number: _____

Applicable meal pattern? CACFP SFSP-Unanticipated School Closures NSLP

Component(s) not available (list):

Description of efforts to obtain component(s)

Time period component(s) expected to be unavailable: _____

Proposed substitute(s) for component(s)

Sites Impacted

Expected cost impact of substitution: _____ Increase Decrease Neither

NOTE: You must maintain all documentation related to the substitution, including documentation of efforts to procure the component(s), and actual cost impact documentation. This documentation will be collected by the State Agency when the unanticipated school closures feeding program ends.

STATE AGENCY USE ONLY

Approved by: _____

Date Approved: _____