

Request to Participate in SFSP During SY 2020-2021

SECTION I

District/SFA Name _____

Contact Information:

Contact Name _____

Contact Number _____

Alternate Number _____

Email Address _____

I certify that each site has a trained site manager. YES NO

Requested start date for SFSP. *Must be 9/9/2020 or later.* _____
(If retroactive approval is allowed by USDA, start date will be changed in MARS)

The SFA will utilize the SFSP for all School Sites* YES NO
(If NO, list participating sites on Pg. 2)
**OCN is only Approving School Sites at this time*

All sites are 50% or greater F/R **(If no, go to Section II)** YES NO

SECTION II- Sites under 50% F/R **ONLY**

I acknowledge that a waiver is required for all sites under 50% to participate in the SFSP

SECTION III- Certifications

Submission of this signed form (electronic signatures accepted) confirms the SFA will discontinue the SBP/NSLP and begin the SFSP on the date listed above. The SFSA has reviewed all SFSP requirements and USDA manuals. **The SFA's MARS application will be completed, and all necessary waivers submitted no later than 5 working days from the start date on this form.** (We strongly recommend all SFSP applications are completed before 9/14, regardless of SFSP start date to facilitate "roll over")

Signature of Person Submitting: _____

Title of Person Submitting: _____

Date Submitted: _____

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COMPLETE ONLY IF NOT OFFERING SFSP AT ALL SITES

List Participating Sites Below

STATE AGENCY USE ONLY

Date Received: _____

Date Approved: _____

Approved by: _____

This institution is an equal opportunity provider.