



## CHILD NUTRITION PROGRAM STATE WAIVER REQUEST TEMPLATE

Child Nutrition Programs are expected to be administered according to all statutory and regulatory requirements; waivers to the requirements are exceptions. However, Section 12(l) of the Richard B. Russell National School Lunch Act, 42 U.S.C. 1760(l), provides authority for USDA to waive requirements for State agencies or eligible service providers under certain circumstances. When requesting the waiver of statutory or regulatory requirements for the Child Nutrition Programs (CNP), including the Child and Adult Care Food Program (CACFP), the Summer Food Service Program (SFSP), the National School Lunch Program (NSLP), the Fresh Fruit and Vegetable Program (FFVP), the Special Milk Program (SMP), and the School Breakfast Program (SBP), State agencies and eligible service providers should use this template. State agencies and eligible service providers should consult with their FNS Regional Offices when developing waiver requests to ensure a well-reasoned, thorough request is submitted. State agencies and eligible service providers are encouraged to submit complete waiver requests at least 60 calendar days prior to the anticipated implementation date. Requests submitted less than 60 calendar days prior to the anticipated implementation should be accompanied by an explanation of extenuating circumstances.

For more information on requests for waiving Program requirements, refer to SP 15-2018, CACFP 12-2018, SFSP 05-2018, *Child Nutrition Program Waiver Request Guidance and Protocol- Revised*, May 24, 2018.



- 1. State agency submitting waiver request and responsible State agency staff contact information: Ohio Department of Education**
- 2. Region: Midwest**
- 3. Eligible service providers participating in waiver and affirmation that they are in good standing: Mayfair Christian School IRN: 054171**
- 4. Description of the challenge the State agency is seeking to solve, the goal of the waiver to improve services under the Program, and the expected outcomes if the waiver is granted. [Section 12(l)(2)(A)(iii) and 12(l)(2)(A)(iv) of the NSLA]: We want to apply for CEP after the September 30<sup>th</sup> deadline and with direct certification list obtained on 10/19/22.**
- 5. Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(l)(2)(A)(i) of the NSLA]: We are requesting to apply for CEP with documents obtained after 6/30/22 and the 9/30/22 deadline.  
7 CFR 245.9(f)(4)(i)**
- 6. Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:**

**We would not be able to serve breakfast or lunch and the majority of our students would be without.**

7. **Description of any steps the State has taken to address regulatory barriers at the State level. [Section 12(l)(2)(A)(ii) of the NSLA]:**
8. **Anticipated challenges State or eligible service providers may face with the waiver implementation: Many of our families are low-income and children would not have the opportunity for healthy meals at school.**
9. **Description of how the waiver will not increase the overall cost of the Program to the Federal Government. If there are anticipated increases, confirm that the costs will be paid from non-Federal funds. [Section 12(l)(1)(A)(iii) of the NSLA]: It should not increase the costs as we would accept the standard reimbursement rate for meals. We will pay for additional costs not covered by CEP program.**
10. **Anticipated waiver implementation date and time period:  
Mayfair Christian School 8/17/2022**
11. **Proposed monitoring and review procedures:  
Because we understand how the program works now, we will watch for announcements and requests and complete paperwork immediately.**
12. **Proposed reporting requirements (include type of data and due date(s) to FNS):**
13. **Link to or a copy of the public notice informing the public about the proposed waiver [Section 12(l)(1)(A)(ii) of the NSLA]:**

[www.mayfairchristianschool.com](http://www.mayfairchristianschool.com) (See Parent Tab)

14. **Signature and title of requesting official:**

  
\_\_\_\_\_  
Title: 

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Requesting official's email address for transmission of response:

**TO BE COMPLETED BY FNS REGIONAL OFFICE:**

*FNS Regional Offices are requested to ensure the questions have been adequately addressed by the State agency and formulate an opinion and justification for a response to the waiver request based on their knowledge, experience and work with the State.*

**Date request was received at Regional Office:**

- Check this box to confirm that the State agency has provided public notice in accordance with Section 12(l)(1)(A)(ii) of the NSLA**

- **Regional Office Analysis and Recommendations:**