**OMB Number: 0584-XXXX**

**Expiration Date: xx/xx/20xx**

**State Agency Application for the Child Nutrition Programs Emergency Operational Costs Reimbursement Programs**

1. **State Agency**:
2. **Administered Child Nutrition Programs (check all that apply):**

National School Lunch Program (NSLP)

School Breakfast Program (SBP)

Child and Adult Care Food Program (CACFP)

*If CACFP is checked, list program components administered by this agency*

*and describe which participating program operators are expected to receive benefits:*

1. **Primary Citation**: Consolidated Appropriations Act, 2021 (P.L. 166-260), Title VII, Chapter 3, Section 722
2. **Are you applying for School Programs Emergency Operational Costs Reimbursement Program?**

Yes

No

1. **Are you applying for Child and Adult Care Food Program Emergency Operational Costs Reimbursement Program?**

Yes

No

1. **Implementation Plan**

By submitting this application, the State agency confirms its intent and ability to provide additional information in an implementation plan. The State agency will be required to provide this implementation plan, as described in the memorandum, by **April 26, 2021**. State agencies that do not provide the implementation plan with enough information to the satisfaction of Food and Nutrition Service (FNS) will not receive reimbursements under the applicable programs.

1. **School Programs Emergency Operations Costs Reimbursement Program**

*Standard for School Meal Programs Reimbursement Eligibility*

State agencies administering the NSLP and/or SBP participating under this option will receive funding to be provided in the form of reimbursement payments to eligible School Food Authorities (SFAs) operating in their State.

Eligibility is limited to SFAs that have maintained their Child Nutrition program participation by filing valid meal claims for any of the months of September – December 2020 or have provided assurance to the administering State agency that they *will* file a claim during the first full semester/term (or equivalent) occurring after the end of the public health emergency.

Please describe how this State agency plans to calculate and distribute benefit payments to SFAs. Include information if any interagency data sharing or other cooperation is expected/needed in order to accomplish this (particular attention should be paid to accounting for Summer Food Service Program (SFSP) reimbursements. Also clearly indicate which activities are to be conducted at the State or local level(s), where applicable.

**Response**:

1. **Child and Adult Care Food Program Emergency Operation Costs Reimbursement Program**

*Standard for Child and Adult Food Care Program Reimbursement Eligibility*

State agencies that administer the CACFP participating under this option will receive funding to be provided in the form of reimbursement payments to eligible sponsoring organizations, institutions, and family/group day care homes operating in their State.

Eligibility is limited to sponsoring organizations, institutions, and family/group day care homes that have maintained their Child Nutrition Program participation by filing valid claims for any of the months of September – December 2020 or have provided assurance to the administering State agency that they *will* file a claim within the first 90 days after the end of the public health emergency.

Please describe how the State agency will calculate and distribute payments to CACFP program operators. Include information if any interagency data sharing or other cooperation across State agencies is expected/needed in order to accomplish this. Also clearly indicate which activities are to be conducted at the State or local level(s), where applicable.

**Response:**

Paperwork Burden Statement

This information is being collected to assist the Food and Nutrition Service in assessing State agencies’ capacity to implement and administer the Child Nutrition Emergency Operational Costs Reimbursement Programs. This is a mandatory collection and FNS will use the information to provide funding to State agencies. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-[xxxx]. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.