

Attachment N.19. Community Eligibility Provision ISP and Claiming Percentage Validation Worksheet (SFA-2A)

This information is being collected from State agencies, school food authorities, schools. This is a revision of a currently approved information collection. The Richard B. Russell National School Lunch Act (NSLA) 42 U.S.C. § 1758, as amended, authorizes the National School Lunch Program (NSLP). This information is required to administer and operate this program in accordance with the NSLA. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. 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 0584-0006. The time required to complete this information collection is estimated to average 47.5 hours of reporting burden per response. The burden consists of the time it takes for the State agency to conduct the off-site portion of the review which includes scheduling of the review and the completion of the Off-site Assessment, Resource Management Risk Indicator, and Site Selection Tools. 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 Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0006). Do not return the completed form to this address.

**Administrative Review
Community Eligibility Provision
Identified Student Percentage and Claiming Percentage Validation Worksheet
INSTRUCTIONS**

OMB
#0584-0006
Expiration
Date
xx/xx/20xx

More than one Form may be used to document State agency review of the Identified Student Percentage and claiming percentages.

NOTE: Refer to FNS Memo SP 19-2016, *Community Eligibility Provision: Guidance and Q&As* for additional information on CEP.

BLOCK 1

Enter the name of the School Food Authority
Enter the agreement number, if applicable
Record the total number of schools participating in the National School Lunch Program
Record the total number of schools participating in CEP

BLOCK 2

Select the level of Election

District-wide: If the entire district is approved for CEP based on the district wide numbers, then the SA should review the ISP and claiming percentages for the entire district. This can be completed by validating the aggregate numbers of the entire district. Since the entire district is CEP, this process would replace the requirements for monitoring Benefit Issuance

Individual School(s): If a school selected for review is approved for CEP based on that individual school then the SA should review the ISP and claiming percentages for that individual school. This process may be completed along with the review of Benefit Issuance for the remainder of the district buildings that do not participate in CEP.

Groups of Schools: If a school selected for review is approved for CEP based on a group of schools then the SA should review the ISP and claiming percentages for that group of schools. This process may be completed along with the review of Benefit Issuance for the remainder of the district buildings that do not participate in CEP.

BLOCK 3**District/School Information**

Enter the name of each school participating in CEP
Enter the total number of enrolled students for the schools as of April 1st in the year prior to the first year of CEP implementation. This number should have been documented by the SFA as a part of CEP election.

BLOCK 4**As Submitted by SFA for Election of CEP**

The data needed to complete this information may be collected from SA documentation retained during the CEP Election process. These data fields may be completed as part of the Off-site Assessment.

Enter the total number of Identified Students as submitted by the SFA for CEP approval. Enter the percentage of identified students as submitted by the SFA for CEP approval. Enter the claiming percentage for free meals as submitted by the SFA for CEP approval. Enter the claiming percentage for paid meals as submitted by the SFA for CEP approval.

BLOCK 5**As Reviewed by the State Agency**

Enter the total number of Identified Students as reviewed by the SA. The SA reviewer will need to review all supporting documentation as of April 1st from the year prior to the first year of CEP implementation. The documentation may include: lists of students directly certified through SNAP, TANF, and FDPIR; lists of homeless/migrant/runaway students as certified by the appropriate local official; lists of students eligible via participation in Head Start and Even Start; documentation to support the extension of categorical eligibility via direct certification; documentation for Foster Children certified through means other than application.

Calculate the Identified Student Percentage by dividing the Total Number of Identified Students by the Total Number of Enrolled Students as of April 1st and carry to four decimal places. Multiply by 100 to convert to a percentage. DO NOT ROUND.

Calculate the Claiming Percentage for Free Meals by multiplying the Identified Student Percentage by 1.6.

Calculate the Claiming Percentage for Paid Meals by subtracting the Claiming Percentage for Free Meals from 100.

The SFA and SA validated claiming percentages will be transferred to the SFA-1A

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Identified Student Percentage and Claiming Percentage Validation Worksheet**

[] N/A

| 1. SFA Name | Agreement Number | Number of Schools | | 2. Level of Election (Check one, list if individual or groupings of schools) | | |
|-------------|------------------|-------------------------|---------------------------------------|---|--|--|
| | | Total Number of Schools | Number of School Participating in CEP | District-Wide | | |
| | | | | Individual School(s): | | |
| | | | | Groupings of Schools: | | |

| 3. District/School Information | | 4. As Submitted by SFA for Election of CEP | | | | 5. As Reviewed by the State Agency on Review | | | |
|--------------------------------|---|--|-------------------------------|-------------------------------|-------------------------------|--|-------------------------------|-------------------------------|-------------------------------|
| District/School name | Total # of Enrolled Students as of April 1, | Total # of Identified Students | Identified Student Percentage | Free Rate Claiming Percentage | Paid Rate Claiming Percentage | Total # of Identified Students | Identified Student Percentage | Free Rate Claiming Percentage | Paid Rate Claiming Percentage |
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