

CHILD NUTRITION PROGRAMS INSTRUCTIONS FOR WAIVER REQUEST FORM

Contracting Entities (CEs) may use the attached form to submit a waiver request of Child and Adult Care Food Program (CACFP), National School Lunch Program (NSLP), Fresh Fruit and Vegetable Program (FFVP), School Breakfast Program (SBP), Summer Food Service Program (SFSP), or Special Milk Program (SMP) requirements for Texas Department of Agriculture (TDA) and United States Department of Agriculture (USDA) Food and Nutrition Service Regional Office (FNSRO) consideration. CEs must fully complete this form and submit a signed copy to TDA. Answers must be in complete sentences and provide as much detail as possible. CEs may use additional pages, if necessary. The completed form should be submitted to TDA at least 90 days prior to the desired implementation to allow adequate time for review. Requests submitted less than 90 calendar days prior to the desired implementation should be accompanied by an explanation of extenuating circumstances.

PART I – CONTRACTING ENTITY (CE) INFORMATION

1. **Name of CE** – Enter the name of the contracting entity submitting the waiver request.
 2. **CE ID** – Enter the five-digit number that has been assigned to the organization by the Texas Unified Nutrition Programs System (TX-UNPS).
 3. **Enter the Program(s) for which the request is being made** – Enter the Program(s) for which the request is being made. For example, CACFP.
 4. **Email** – Enter the email of the CE’s authorized representative submitting the waiver request.
 5. **Telephone Number** – Enter the telephone number of the CE’s authorized representative submitting the waiver request.
 6. **Date of request** – Enter the date the CE’s authorized representative submitted the waiver request to TDA.
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PART II – WAIVER REQUEST INFORMATION

Use additional pages, if necessary.

1. **Challenge(s) the CE is seeking to solve, goal(s) of the waiver to improve services, and the expected outcomes** –
 - Describe the problem that the CE is seeking to solve. Include a description of any impediments to the efficient operation and administration of the program(s).
 - Describe what has been done to solve this problem within the scope of the regulatory requirements and what in the regulations or statute prevents this problem from being solved?
 - Describe the goal of the waiver to improve services under the applicable program(s) and the expected outcomes if the waiver is granted.
 - Describe how the waiver would improve services under the applicable program(s).

2. **Regulatory citation(s) and requirement(s)** – Identify the specific statutory or regulatory requirements requested to be waived for the applicable program(s).

NOTE: TDA and USDA will not consider waiver requests that relate to any of the following topics:

- Nutritional content of meals served
- Federal reimbursement rates
- Provision of free and reduced price meals
- Limits on the price charged for a reduced price meal
- Maintenance of effort (not decrease or affect the expenditure of funds from state and local sources for the maintenance of the CNP)
- Equitable participation of children in private schools
- Distribution of funds to TDA and CEs
- Disclosure of individual income eligibility information
- Prohibition of the operation of a profit producing program
- Sale of competitive foods
- USDA Foods
- Special Supplemental Nutrition Program (WIC)
- Enforcement of any constitutional or statutory right of an individual

3. **Description of alternative procedures and anticipated impact of implementation**–

- Provide a description of the alternative procedures that could be used to solve the problem while maintaining the intent and purpose of the applicable program (s) if the waiver is granted.
- Describe the anticipated impact on applicable program operations, including technology, State systems, and monitoring.

4. **Anticipated implementation challenges** – Describe any anticipated challenges the CE may face with implementation of the waiver, if granted.

5. **Anticipated implementation date and time period for which waiver is needed** – Provide the beginning and ending date for the requested waiver.

NOTE: USDA provides approval of waivers for a limited time period. After the initial waiver period has expired, the CE may request renewal of a waiver.

6. **Overall cost to the applicable program(s)** –

- Describe how the waiver will not increase the overall costs of the applicable program(s) and, if it does, how any additional costs will be paid from non-Federal funds. For example, provide an explanation of what the anticipated cost will be, if any.
- Address whether the waiver will increase program participation and claims for reimbursement.

7. **Proposed monitoring and review procedures** –

- Describe how the CE will monitor and review operations of the waiver to ensure the proper oversight and integrity of the applicable program(s). If applicable, include monitoring details to ensure increased costs of the applicable program(s) will not be paid from Federal funds.

8. Proposed reporting requirements –

- Describe how the CE will report to TDA on the outcome of the waiver implementation, if it is approved, including details on how the implementation of the waiver and its effect on the efficient operation and administration of the applicable program(s) will be evaluated. For example, what data points would be useful to determine if the waiver was successfully implemented? The CE must report this information to TDA within 60 days of the end of the waiver period.

9. Notification to the public –

- Describe how the CE provided notice and information to the public regarding the proposed waiver prior to submitting the waiver request to TDA. A link or copy of the public notice about the proposed waiver must be included with submission of this form to TDA.

NOTE: Acceptable methods of public notification include, but are not limited to, the following:

- Posting notice on the CE's website;
 - Providing public notice through a printed announcement in the local/state newspaper.
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PART III – CERTIFICATION

The CE must certify that all information on the waiver request is true and correct.

Enter the name, title, signature and date of signature of the CE's authorized representative requesting the waiver.

PART IV – SUBMITTAL

E-mail to: SNPWaivers@TexasAgriculture.gov

Fax to: 888-223-8645

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Administration
P.O. Box 12847
Austin, Texas 78711-2847

Overnight to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Administration
1700 North Congress Avenue, Suite 1125E
Austin, Texas 78701-1496

PART I – CONTRACTING ENTITY (CE) INFORMATION

1. Name of CE:	2. CE ID:	3. Enter the Program(s) for which request is being made:
4. Email:	5. Telephone Number:	6. Date of request:

PART II – WAIVER REQUEST INFORMATION

1. Challenge(s) the CE is seeking to solve, goal(s) of the waiver to improve services, and the expected outcomes:
2. Regulatory citation(s) and requirement(s):
3. Description of alternative procedures and anticipated impact of implementation:
4. Anticipated implementation challenges:
5. Anticipated implementation date and time period for which waiver is needed:
6. Overall cost to the applicable program(s):
7. Proposed monitoring and review procedures:
8. Proposed reporting requirements:
9. Notification to the public :

PART III – CERTIFICATION

I certify under penalty of perjury that the information on this waiver request form is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject all responsible parties to prosecution under applicable federal and state criminal laws.

Name of CE Authorized Representative (type or print)

Title of CE Authorized Representative (type or print)

Signature of CE Authorized Representative

Date

Do not fill out. For TDA and Food and Nutrition Service Regional Office (FNSRO) use only.		
State Agency (SA) and Region: Texas Department of Agriculture, Southwest Region	TDA Contact Person and Title:	Date of Request Submission to FNSRO:
Email Address:	Phone Number:	Name and Title of SA Authorizing Official:
_____ Signature of SA Authorizing Official		_____ Date
State Agency Response and Recommendation The CE provided a link to or copy of the public notice of the proposed waiver: <input type="checkbox"/> Yes <input type="checkbox"/> No The CE is in good standing with the the USDA programs administered by TDA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommend Approval Reason for approval recommendation: _____ <input type="checkbox"/> Recommend Denial Reason for denial recommendation: _____		
Regional Office Response <input type="checkbox"/> Approved Effective date of approval _ _____ Expiration date of approval _____ <input type="checkbox"/> Denied Reason for denial: _____ _____ Signature Title Date		