Alaska Child Nutrition Programs has been authorized to provide waivers for SSO Sponsors to allow for meal pattern flexibility during the COVID-19. This waiver includes 7 CFR 210.10(b),(c),(f),(o), and (p); 7 CFR 210.10(d)(1)(i), and 220.8(b), (c),(f), and (o), and 7 CFR 225.16(d). The State Agency will consider requests that are targeted and justified based upon disruptions to the availability of food products resulting from unprecedented impacts of COVID-19. Program operators are strongly encouraged to maintain and meet the nutrition standards for each Program to the greatest extent possible. Program operators electing to utilize this waiver must identify the food component(s) they are not able to meet and provide a justification why the meal pattern cannot be met. As a reminder, Federal procurement regulations at 2 CFR 200.320(f) allow procurement by noncompetitive proposals when there is a public emergency. This is a waiver of federal regulation 7 CFR 210.10(b), (c) and (f), 220.8(b), (c), and (f).

| **Sponsor Name** |
| --- |
|  |

|  |
| --- |
| **Which meal pattern are you requesting a waiver for? (NSLP/SBP/SSO)** |
|   |

|  |
| --- |
| **Which meal component/Item are you requesting flexibility:** |
| **All Grains offered be Whole grain-rich?** |
| Please describe your challenges with this component: |
|  |
| **Offer a variety of vegetables from the vegetable subgroups?** |
| Please describe your challenges with this component: |
|  |
| **Offer a variety of fluid milk (at least two different options, low-fat milk must be unflavored)?** |
| Please describe your challenges with this component: |
|  |

|  |
| --- |
| **Which menu Items are you requesting flexibility?** |
| **Planning menus to offer components for specific age/grade group?** |
| Please describe your challenges meeting this item: |
|  |
| **Menus meeting the dietary specifications for sodium, calories, saturated fats?**  |
| Please describe your challenges meeting this item: |
|  |

|  |
| --- |
| **What food items will you use as a replacement or other issues you may have or foresee?** |
|  |
| **Is this due to a Supply Chain issue?**  |
| Yes [ ]  |
| No [ ]  |

**The authorized representative listed below agrees to provide DEED Child Nutrition Programs with any necessary information to complete report requirements. The report must include:**

* **A summary of the use of the Meal Pattern flexibilities by local program operators,**
* **A description of how each waiver resulted in improved services to program participants.**

**Failure to comply may result in the State Agency denying future waiver requests.**

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Name of Authorized Representative Date

**DEED Child Nutrition Program representative will approve below**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of DEED Child Nutrition Program Representative Date