COVID-19 Meal Pattern Waiver	Organization: Agreement #:	
COVID-19 CNP N	Meal Pattern Waiver – Program Year 2	020-2021
Check all programs applicable to this waiver reques	st: SBP NSLP	CACFP
Date(s) of Waived Component:		
Component(s) to be Waived:		
Reason for Meal Pattern Waiver Request (reason n products resulting from unprecedented impacts of		oon <u>disruptions to the availability of food</u>
Documentation to support the waiver request muss stating that the component was not available.  Sponsor will maintain a record of all components up available for ALSDE upon request.  This waiver will apply to all sites approved on the organization.	ised as substitutions of the required pr	
If no is checked, list sites below that will be affect		
Site Name (match online app.)  Di	ate(s) Component NOT Provided	Component NOT Provided
CNP Director Signature		Date
Highest Ranking Official in Organization/District		Date
Return to: <a href="mailto:cnpnslp@alsde.edu">cnpnslp@alsde.edu</a> for NSLP and SBP;		

Date created: 7/31/2020