COVID-19 Meal Pattern Waiver

Check all programs applicable to this waiver request:

☐ SBP  ☐ NSLP  ☐ SSO  ☐ SFSP  ☐ CACFP

This waiver will apply to all sites approved on the online application.

☐ YES  ☐ NO

Date of substitution: _______________ Component(s) to be Waived: _________________________________

If no is checked, list sites below that will be affected.

<table>
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<th>Site Name (match online app.)</th>
<th>Date(s) Component NOT Provided</th>
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Sponsor will maintain a record of all components used as substitutions of the required programs’ meal pattern and will be made available for ALSDE upon request.

_______________________________________________________
Sponsoring Organization Official Representative Signature  Date

*Electronic Signature is Acceptable

Return to the following depending on your program:

CACFP/SFSP: dturk@alsde.edu

NSLP/SBP/SSO: jragan@alsde.edu

Consistent with section 2202(a)(2) of the Act, this waiver is automatically available to all States that elect to use it, without further application. State agencies operating programs under 7 CFR 210; 220; 225; and 226, must inform their Regional Office if they elect to be subject to the waiver. However, in order to participate under this waiver, local Program operators must contact the State agency for approval to utilize this waiver. This waiver is effective immediately and remains in effect until April 30, 2020 or until expiration of the federally declared public health emergency, whichever is earlier.

Date created: 3/26/2020