

WAIVER REQUEST
SUMMER FOOD SERVICE PROGRAM
Foodlink LEA #261600100003

1. State agency submitting waiver request and responsible State agency staff contact information:

2. Region:

3. Eligible service providers participating in waiver and affirmation that they are in good standing: **Foodlink LEA #261600100003**

4. Description of the challenge the State agency is seeking to solve, the goal of the waiver to improve services under the Program, and the expected outcomes if the waiver is granted. [Section 12(1)(2)(A)(iii) and 12(1)(2)(A)(iv) of the NSLA]: **Foodlink anticipates sponsoring approximately 60 sites this summer. The requirement to conduct first week visits at all sites would necessitate hiring an additional staff person, and would add significant costs to our program. If the waiver is granted, we would be able to conduct the summer meals program in a more cost effective manner. Comprehensive training of our partners, and diligent monitoring in previous years has resulted in successful operation of almost all of our partner sites.**

5. Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(1)(2)(A)(i) of the NSLA]: **Requirement of first week site visits for returning sites that operated successfully during the previous summer and had no serious deficiency finding.**

6. Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring: **We anticipate sponsoring approximately 60 sites this summer, and**

would be unable to meet this requirement without hiring an additional staff person, which would add significant costs to our program.

7. Description of any steps the State has taken to address regulatory barriers at the State level. [Section 12(1)(2)(A)(ii) of the NSLA]:

8. Anticipated challenges State or eligible service providers may face with the waiver implementation: **Foodlink anticipates no challenges related to implementation of the waiver.**

9. Description of how the waiver will not increase the overall cost of the Program to the Federal Government. If there are anticipated increases, confirm that the costs will be paid from non-Federal funds. [Section 12(1)(1)(A)(iii) of the NSLA]: **Implementation of the waiver will not result in any cost increase to the Federal Government, or to our organization.**

10. Anticipated waiver implementation date and time period: **June, 2019 and ongoing**

11. Proposed monitoring and review procedures: **First week visits will be conducted for any returning sites at which there were concerns identified during the previous year's monitoring visits.**

12. Proposed reporting requirements (include type of data and due date(s) to FNS):

13. Link to or a copy of the public notice informing the public about the proposed waiver [Section 12(1)(1)(A)(ii) of the NSLA]:

14. Signature and title of requesting official:

Claire Savini RD CDR

Claire Savini, RD CDR

Child Nutrition Programs Manager, Foodlink

csavini@foodlinkny.org

Title:

Requesting official's email address for transmission of response:

TO BE COMPLETED BY FNS REGIONAL OFFICE:

FNS Regional Offices are requested to ensure the questions have been adequately addressed by the State agency and formulate an opinion and justification for a response to the waiver request based on their knowledge, experience and work with the State.

Date request was received at Regional Office:

- Check this box to confirm that the State agency has provided public notice in accordance with Section 12(1)(1)(A)(ii) of the NSLA
- Regional Office Analysis and Recommendations:

