STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, NH 03301
FAX 603-271-1953

VERIFICATION EFFORT PLAN OF ACTION FORM
Verification Effort for School Year (SY) 2018-2019

All School Food Authorities (SFA’s) MUST complete and submit this form to the Office of Nutrition Programs and Services (ONPS) by **Monday, October 15, 2018.**

All School Food Authorities (SFA’s) are required by 7 CFR Part 246.6a (a); Public Law 108-265 to complete the verification effort of free and reduced price meal family applications by **November 15** of each year.

A 30-day extension waiver to complete the verification process may be granted to your SFA. To request a waiver, complete this form and submit to ONPS by **October 15, 2018.** You will be notified by email from the State Agency if an extension has been granted.

All SFA’s must complete this form.

SFA #:_________________ SFA Institution Name: ________________________________

Contact Name: ____________________________________________________________ email address: ________________________________

☐ NO  **A waiver is NOT being requested.** The School Food Authority Verification Summary Report will be completed by November 15, 2018 and the report will be entered on-line into the ONPS web based computer system by **December 31, 2018.**

☐ YES  **I am requesting an extension waiver until December 15, 2018 to complete the verification effort.** (I understand that this extension waiver applies only to SY 2018-2019). The School Food Authority Verification Summary Report will be completed by December 15, 2018 and the report will be entered on-line into the ONPS web based computer system by **December 31, 2018.**

Reason for requested extension waiver:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Each SFA Superintendent/Administrator or designee must sign and date this form and send to: Patty Carignan at patricia.carignan@doe.nh.gov or fax (603) 271-1953 by October 15, 2018.

**FOR STATE USE ONLY**

Signature of Superintendent/Administrator or designee’s Name and Title __________________________ Date __________

Date Form Received: ______________ Date Approved by State Agency: ______________ Date Denied: ______________

This Institution is an equal opportunity provider.