VERIFICATION EFFORT PLAN OF ACTION FORM
Verification Effort for School Year (SY) 2012-2013

All School Food Authorities (SFA’s) MUST complete and submit this form to the Bureau of Nutrition Programs and Services (BNPS) by October 26, 2012.

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 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 BNPS by October 26, 2012. 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, 2012 and the report will be submitted to BNPS by December 31, 2012.

☐ YES, I am requesting an extension waiver until December 15, 2011 to complete the verification effort. (I understand that this extension waiver applies only to SY 2012-2013). The School Food Authority Verification Summary Report will be completed by December 15, 2012 and the report will be submitted to BNPS by December 31, 2012.

Reason for requested extension waiver: ____________________________________________
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____________________________________________________________________________
____________________________________________________________________________
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Each SFA Superintendent/Administrator or designee must sign and date this form and send to: Tami Drake, Department of Education, Bureau of Nutrition Programs and Services, 101 Pleasant Street, Concord, NH 03301 by October 26, 2012.

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

FOR STATE USE ONLY

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