DATE: October 31, 2011

MEMO CODE: SFSP 03-2012

SUBJECT: Additional State Requirements in the Summer Food Service

**Program** 

TO: Child Nutrition Programs

The purpose of this memorandum is to introduce a standard process to be used by State agencies when requesting approval to implement additional program requirements for the Summer Food Service Program (SFSP).

Previously, there was no standard process in place for State agencies to submit requests to implement additional requirements. States are permitted to implement additional program requirements that are not inconsistent with the Federal requirements, do not deny access to the program to eligible children, and have been reviewed and approved by the applicable Food and Nutrition Service (FNS) Regional Office (7 CFR §225.18(f)).

Before implementing additional program requirements, State agencies are required to submit a formal request to the FNS Special Nutrition Programs Regional Director in their region. The request must be submitted at least 30 days before implementation of the additional requirement, and the State agency must receive approval from the FNS Regional Office before implementing. A prototype State agency request form is attached. State agencies are not required to use the attached form. However, State agencies must include the following information when submitting a request to the FNS Regional Office:

- a description of the additional program requirement, including the affected Program participants;
- a justification as to why the additional program requirement is necessary; and
- an assurance that the additional program requirement will not create barriers to participation or deny access to eligible children.

FNS Regional Offices will review requests from States within their region and determine whether the additional requirement meets the regulatory requirements as discussed above. State agencies that have already implemented additional State requirements that have not been reviewed and approved by the Regional Office should submit a request for review

Regional Directors State Directors Page 2

and approval. Beginning in fiscal year 2013, SFSP management evaluations will include a review of additional State requirements. If a State agency has implemented additional requirements that were not approved by the Regional Office, it will be considered a finding.

State agencies should direct any questions concerning this guidance to the appropriate FNS Regional Office. Regional Offices with questions should contact the Child Nutrition Division.



Cynthia Long Director Child Nutrition Division

Enclosure

State agencies administering the Summer Food Service Program (SFSP) are authorized to implement							
additional Program requirements that are not inconsistent with the Federal requirements, do not deny access to the Program to eligible children, and have been reviewed and approved by the applicable FNS Regional Office (RO) (7 CFR §225.18(f)). At least 30 days before implementing additional							
						please submit the information requ	
					Nutrition Service Special	l Nutrition Programs Regional Dir	rector in your region.
State Agency (SA):	Contact Person and Title:	Date:					
Email Address:	Phone Number:	Name and title of State agency					
		authorizing official:					
Please provide a descript	tion of the additional Program req	juirement.					
Please explain why this additional Program requirement is necessary.							
Trease explain why this additional frogram requirement is necessary.							
77							
Please provide assurances in the space below that this additional Program requirement will							
not create barriers to participation or deny access to eligible children.							

This additional requirement applies	s to:			
☐ All sponsors				
If this requirement does not apply to all sponsors, <b>check all that apply:</b>				
☐ School sponsors ☐ Private nonprofit sponsors ☐ Governmental sponsors ☐ Other				
Signature of State Agency Authorizing Official	Title	Date		
Regional Office Response				
D American				
☐ Approved Effective date of approval:	Expirat	ion date of approval:		
Summary of Justification for Approval of Additional Requirement:				
☐ Denied				
Summary of Justification for Denial:				
,				
Regional Director	Title		Date	