



# New Jersey Department of Agriculture School Nutrition Programs

## Waiver to Request Meal Pattern Flexibility in School Meals during COVID-19 related school closures

Complete all information below to request meal pattern flexibility in the Seamless Summer Option. Waiver requests are considered if it is demonstrated that they are **targeted** and **justified** based upon **disruptions to the availability of food products** resulting from unprecedented impacts of COVID-19. **Documentation verifying the disruption to the availability of the requested product, such as an e-mail from the food supplier, must also accompany this request.** SNP expects and strongly encourages Program operators to maintain and meet the nutrition standards for each Program to the greatest extent possible. **In addition, product substitutions must closely match the nutrient content of the original product.** For example, an SFA could replace fluid milk with a yogurt or cheese stick.

**EXPLAIN IN DETAIL THE DISRUPTION TO AVAILABILITY OF FOOD PRODUCTS:**

Impacted Food Component	Specific Product	Date of Disruption	Replacement Product	Date of Replacement

I affirm by my signature below that this COVID-19 Meal Pattern Flexibility Waiver request is based on disruptions to the availability of food products resulting from unprecedented impacts of COVID-19. I understand that this waiver is only valid for meals served under the Seamless Summer Option. If approved, the waiver remains in effect until July 31, 2020 or until expiration of the federally declared public health emergency, whichever is earlier.

**SFA Name:** \_\_\_\_\_ **Agreement #:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

SFAs participating in the **Seamless Summer Option** can e-mail this request to [snpsspecialprojects@ag.nj.gov](mailto:snpsspecialprojects@ag.nj.gov), with the subject line: **SFA NAME\_Agreement #\_COVID-19 Meal Pattern Flexibility Waiver**. An email will be returned to the Authorized Representative regarding approval or denial of the waiver.

STATE AGENCY USE ONLY:       Approved       Denied

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_