**Appendix C - Letters of Commitment Templates**

The following two documents are templates that may be used for agency Letters of Commitment to the Demonstration Projects to Evaluate Direct Certification with Medicaid beginning school year 2016-2017 or school year 2017-2018. Letters of Commitment from both the State agency administering the National School Lunch Program (NSLP) and any partnering Medicaid State agencies are required to be submitted as part of the application process.

**Document 1 - Letter of Commitment from the NSLP State Agency**

**Document 2 - Letter of Commitment from the Medicaid State Agency**

**Document 1 - Letter of Commitment from NSLP State Agency - Page 1**

Submitting State Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TO: USDA Food and Nutrition Service:

The [*Name of State Agency*] is submitting an application for participation in the Demonstration Projects to Evaluate Direct Certification with Medicaid beginning school year \_\_\_\_\_\_\_\_\_\_\_\_\_ [*Enter 2016-2017 or 2017-2018]*. We are providing the following affirmations concerning our State’s participation.

*[Please check the box(es) below to confirm the State agency’s and LEA understanding].*

We affirm that the [*State Agency*], the [*State’s Medicaid Agency*], and [*Other public agency partner*] are committed to the demonstration project and affirm that we understand and will follow the requirements, roles and responsibilities for State agency participants, as outlined in the Request for Applications.

We affirm that the project has been explained to each LEA named in the application and both the State agency and LEAs understand and agree to the following:

1. To devote the necessary time and effort to meet the requirements of the project at the State and LEA level;
2. To cooperate in implementing and evaluating the project, including cooperation with FNS on the evaluation component of the demonstration.

**Authorized Signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Document 1 - Letter of Commitment from NSLP State Agency - Page 2**

Please complete the following chart, providing any additional narrative explanation, as needed, to discuss the State’s readiness and desire to participate in the demonstration project to directly certify children for free and reduced price school meals, based on Medicaid eligibility data. List the identifying information for the State agency administering the National School Lunch Program (NSLP) and any partnering Medicaid agencies, as indicated. Describe each agency’s role and responsibility for the project and contact information, including the authorized signatory for each agency:

|  |  |
| --- | --- |
| **Project Narrative (*Expand Table as Needed)*** | |
|  | |
| **Identifying Information:**  Agency Name, Authorized Signatory, Address, Email and Phone#: | **Description of Agency’s Role in Project**  ***(This agency will have the role and responsibility of…)*** |
|  |  |
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|  |  |
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**Document 2 - Letter of Commitment from Medicaid State Agency - Page 1**

Submitting Medicaid Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: USDA Food and Nutrition Service:

The [*Medicaid State Agency*]’s is submitting a letter of commitment to partner with [*NSLP State Agency*] to participate in the Demonstration Projects to Evaluate Direct Certification with Medicaid beginning school year \_\_\_\_\_\_\_\_\_\_\_ [*Enter 2016-2017 or 2017-2018]*. We affirm that the [*Medicaid State Agency*] has reviewed the requirements, roles and responsibilities of participation in the project.

*[Please check the box(es) below to confirm the State Medicaid agency’s understanding].*

We affirm the [*Medicaid State Agency*]’s commitment to the demonstration project. We understand our role in the project, as described in the Request for Applications, and will cooperate with the NSLP State agency in implementing the project, including cooperation with the evaluation component of the demonstration, as necessary.

**Identifying Children Eligible for Free and Reduced Price School Meals:**

MAGI Categories: We affirm that the [*Medicaid State Agency*] has the capability to readily identify children receiving Medicaid and whose family income (i.e., the household’s Modified Adjusted Gross Income, “MAGI,” before the application of the five percent disregard allowed under the Patient Protection and Affordable Care Act of 2010) does not exceed 130 percent (for free school meals) or 185 percent (for reduced price school meals) of the Federal Poverty Level.

Non-MAGI Categories: In those Medicaid groups that do not use the MAGI calculation (non-MAGI), we have the capability to readily identify children receiving Medicaid and whose family income before the application of disregards, deductions or other adjustments does not exceed 130 percent (for free school meals) or 185 percent (for reduced price school meals) of the Federal Poverty Level.

**Authorized Signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Document 2 - Letter of Commitment from Medicaid State Agency - Page 2**

Please complete the following chart, providing any additional narrative explanation, as needed, to discuss the Medicaid agency’s readiness and commitment to participate in the demonstration project with the NSLP agency to directly certify children for free and reduced price school meals, based on Medicaid eligibility data. List the identifying information for the Medicaid agency, as indicated. Describe each Medicaid agency’s role and responsibility for the project and provide contact information, including the authorized signatory for each agency:

|  |  |
| --- | --- |
| **Additional Information (*Expand Table as Needed)*** | |
|  | |
| **Identifying Information:**  Agency Name, Authorized Signatory, Address, Email and Phone#: | **Description of Agency’s Role in Project**  ***(This agency will have the role and responsibility of…)*** |
|  |  |
|  |  |