# United States Department of Agriculture Logo

# CHILD NUTRITION PROGRAM

# STATE WAIVER REQUEST TEMPLATE

State agencies are encouraged to use this form to submit waiver requests to the Food and Nutrition Service (FNS) Regional Offices. States should consult with FNS when developing waiver requests to ensure a well-reasoned, thorough request is submitted. States are encouraged to submit waiver requests at least 60 calendar days prior to the anticipated implementation date. Requests submitted less than 60 calendar days prior to implementation should be accompanied by an explanation of extenuating circumstances.

For more information on requests for waiving Program requirements, refer to SP 27-2017, CACFP 12-2017, SFSP 08-2017, *Child Nutrition Program* *Waiver Request Guidance and Protocol*, April 26, 2017.

1. **State agency submitting waiver request and responsible State agency staff contact information:**
2. **Region:**
3. **Program operator(s) participating in waiver and affirmation that they are in good standing:**
4. **Description of the challenge the State agency is seeking to solve:**
5. **Specific Program requirements to be waived (include regulatory citations):**
6. **Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:**
7. **Description of any steps the State has taken to address regulatory barriers at the State level:**
8. **Anticipated challenges with waiver implementation:**
9. **Anticipated impact on Federal administrative costs and assurance that any increases in Federal administrative costs will be paid from non-Federal funds:**
10. **Anticipated implementation date and time period:**
11. **Proposed monitoring and review procedures:**
12. **Proposed reporting requirements (include type of data and due date(s) to FNS):**
13. **Signature and title of requesting official:**

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Requesting official’s email address for transmission of response:

**TO BE COMPLETED BY FNS REGIONAL OFFICE:**

*FNS regional offices are requested to ensure the questions have been adequately addressed by the State agency and formulate an opinion and justification for a response to the waiver request based on your knowledge, experience and work with the State.*

* **Date request was received at Regional Office:**
* **Regional Office recommendations:**