**[INSERT DISTRICT/SCHOOL LETTERHEAD]**

[Insert Date]

TO: Lynn Harvey, Ed.D., RDN, LDN, FAND, SNS

Director, School Nutrition and District Operations

FROM: [Insert SFA Administrator Name]

[Insert Title]

RE: Attestation of Compliance with Meal Pattern Requirements

I, [Insert SFA Administrator], as the duly authorized representative of [Insert SFA Name], do hereby attest that the aforementioned SFA and all schools under its jurisdiction operating the National School Lunch Program authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq), and/or the School Breakfast Program authorized under the Child Nutrition Act of 1966 (42 U.S.C. 1773), are in compliance with the meal pattern requirements that became effective School Year 2012 – 2013, as set forth in 7 CFR Part 210.10 and 220.23, as applicable and with the School Nutrition Programs including the Transitional Standards for Milk, Whole Grains and Sodium. In addition, for School Year 2022 - 2023, [Insert SFA Name] attests that:

* Documentation submitted for certification is representative of the ongoing meal service within the SFA;
* The minimum required food quantities for all meal components are available to students in every serving line;
* All labels and/or manufacturer specifications for food products and ingredients used to prepare school meals indicate zero grams of trans fat per serving;
* The breakfast requirements set forth in 7 CFR 220.8(b) will be met (applicable only if SFA serves breakfast);
* Target 1 of sodium restrictions will be met and at least eighty (80) percent of the weekly grains in the school lunch and breakfast menu will be whole grain-rich;
* All Pre-K meals are compliant with the pre-k meal patterns set forth in 7 CFR 210.10(p) and 7 CFR 210.10(q) as applicable, using the flexibilities available under 7 CFR 210.18(1)(2) and 226.14(b).

I certify that this attestation is true and correct, and therefore, I believe [Insert SFA Name] is eligible for the performance-based reimbursement.

I understand that if the State Agency determines the SFA to be noncompliant with one or more of the requirements set forth in this attestation statement, fiscal action will include, deactivating the performance-based reimbursement, disallowance of meals, and/or withholding of payment. In addition, I understand that an attestation of compliance must be submitted annually to the State Agency prior to July 1 of each year through the School Year beginning July 1, 2014, to attest full compliance with the subsequent year meal pattern requirements.

**School Food Authority** **State Agency**

Submitted By Received by

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

(Signature) (Signature)

School Nutrition Program Administrator Director, School Nutrition and District Operations

Title Title

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

Date Date