DATE:

FROM: [School Food Authority Official and Title]

TO: Lakeisha Hood, Director of Food, Nutrition and Wellness

SUBJECT: Attestation of Compliance with Meal Pattern Requirements

**Instruction: The following statement must be signed by a duly authorized representative of the school food authority operating the National School Lunch and/or School Breakfast Programs, and returned to the appropriate State agency upon submission of the certification documentation for the performance-based cash assistance.**

I, , as the duly authorized representative of

[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 set forth in 7 CFR Part 210.10 and

220.23, as applicable. In addition,

[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; and

• All Pre – K meals are compliant with the current meal patterns for the age/grade group being served, as applicable.

I certify that this attestation is true and correct, and therefore, I believe

[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.

**School Food Authority State Agency**

Submitted By *(Signature)* Received By *(Signature)*

Director of Administration

TITLE TITLE

DATE DATE