



Office of P-20 Education Policy
Child Nutrition Program Administration
89 Washington Avenue, Room 375EBA, Albany, NY 12234
(518) 473-8781 Fax (518) 473-0018
www.nysed.gov/cn/cnms.htm

Community Eligibility Provision (CEP) Affirmation

Date _____

Local Education Agency (LEA) Name _____

Local Education Agency (LEA) Code _____

The following must be checked as an affirmation that the LEA/Group of Schools/School(s) have provided accurate data for the Community Eligibility Provision (CEP) Application. I hereby certify that this Local Educational Agency and participating schools under its jurisdiction shall:

- Comply with all federal and State laws, regulations, and policies prescribed by the US Department of Agriculture and the NYS Education Department which impact the CEP, and will cooperate with studies to evaluate the effectiveness of the CEP, if applicable.
- Conduct the electronic SNAP Direct Certification Matching Process (DCMP) at least once for each year of participation in CEP. A "special provision match" is required at least once per year prior to reporting on the FNS 834 Direct Certification Rate Data Element Report. Report the SNAP DCMP results to the State Agency by November 1 of each year of participation.
- Contact the NYSED Information and Reporting Services Office to determine the appropriate procedure for collecting and reporting income eligibility for Federal, State and local funding (in the absence of the Free and Reduced Price Meal Applications). Refer to US Department of Education CEP and Title I Guidance available on the Child Nutrition Knowledge Center (CNKC).
- Retain supporting CEP records for the participating LEA/Group of Schools/School(s) and indication of how students have been identified eligible. These records must be retained on-site at the LEA for review by the State Agency, USDA, Auditors and appropriate others to validate accuracy of data.
- Report the April 1 ISP each school year of participation in CEP if the LEA/Group of Schools/School(s) participating in CEP is not receiving 100% FREE reimbursement (currently $\geq 62.5\%$ ISP using the 1.6 multiplier). Adjustments to reimbursement will be made based on the newly approved increased ISP.

Name: _____

Title: _____

Signature: _____

(Superintendent, Board President, Executive Officer, or person authorized by the LEA to act as an official for the LEA.)