Six Cents Certification Attestation Statement

SY2015-2016

DATE:

FROM:

TO: Ms. Nancy Rice, Director School Nutrition Program Georgia Department of Education

SUBJECT: Attestation of Compliance with Meal Pattern Requirements

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 in effect for School Year 2014-2015, as set forth in 7 CFR Part 210.10 and 220.23, as applicable. In addition, for School Year 2014-2015, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [SFA Name] attests that:

* + Documentation submitted for 6 cent 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;
	+ The minimum requirement of calories for all meals are available to students in every serving line;
	+ All grains offered as a meal component are 100% whole grain rich
	+ A cup of fruit is offered at breakfast;
	+ No more than half of the fruit offered at breakfast, by volume per week, can be 100% juice;
	+ Applicable sodium restrictions are followed for each grade level in every meal service;
	+ All reimbursable meals under Offer vs. Serve at both breakfast and lunch for all grade levels must include a ½ cup of fruit or vegetable plus two other full components;
	+ 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.

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. 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, 2015, to attest full compliance with the subsequent year meal pattern requirements.

State Agency:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School Food Authority:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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