**Waiver of Local Wellness Policy Triennial Assessment in the**

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**National School Lunch Program (NSLP) and School Breakfast Program (SBP)**

Pursuant to the Families First Coronavirus Response Act and based on the exceptional circumstances of this public health emergency related to the novel coronavirus (COVID-19), the Food and Nutrition Service (FNS) is establishing a nationwide waiver to support schools unable to complete a triennial assessment of the local wellness policies by original deadline of June 30, 2020, due to the school closures as a result of COVID-19. If approved, this waiver would provide the SFA with a new regulatory deadline of June 30, 2021.

**Complete this form if your School Food Authority (SFA) would like to request a waiver to extend the deadline to complete the first triennial assessment of the wellness policy.**

**DEADLINE TO SUBMIT THIS FORM TO HCNP IS JUNE 30, 2020.**

1. **SFA Name:**
2. **Does the SFA have a wellness policy in place?**

[ ]  **YES** [ ]  **NO**

*(Note: SFAs are required to have a local wellness policy. For more information on local wellness policy requirements, go to:* <https://fns-prod.azureedge.net/sites/default/files/resource-files/LWPsummary_finalrule.pdf>*)*

1. **Name(s) of the Wellness Coordinator(s):**
2. **Please describe the challenges associated with completing the triennial assessment of the local wellness policy by the original deadline of June 30, 2020:**
3. **Please explain how this waiver would result in improved services to your students/program participants:**

**PLEASE CONTINUE TO THE NEXT PAGE**

**By signing below, your SFA agrees to complete the triennial assessment of the wellness policy no later than June 30, 2021. Please note that the second triennial assessment would need to be submitted by June 30, 2024.**

**Your SFA also agrees to submit to Hawaii Child Nutrition Programs a summary of the impact of this waiver upon request. All records related to the wellness policy will be examined during the Administrative Review.**

**Signature:**

**Print Name:**

**Job Title:**

**Date:**

Submit the completed form to rachel.itano@k12.hi.us AND kasey.kawamoto@k12.hi.us

**HCNP will notify you if the waiver is approved or if additional information is needed.**

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**HCNP USE ONLY**

**Approved:** [ ]  **YES** [ ]  **NO**

**Signature: Date:**

**Comments:**