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CHILD NUTRITION PROGRAM COORDINATED SERVICES PLAN WAIVER REQUEST FORM

The Child Nutrition Programs (CNP) are to be administered in accordance with all statutory and regulatory requirements under standard operations. Section 12(l) of the Richard B. Russell National School Lunch Act (NSLA), 42 U.S.C. 1760(l), provides USDA authority to waive requirements for State agencies or eligible service providers under certain circumstances. Waivers granted under this authority are the only permitted exceptions.

This optional form is designed to streamline the process for State agencies requesting a waiver to defer the January 1, 2025, compliance date for the Coordinated Services Plan (CSP) for the Summer Electronic Benefits Transfer for Children Program (Summer EBT) and the Summer Food Service Program (SFSP). This form must be signed by the State agencies responsible for administering Summer EBT and the SFSP.

SFSP/Summer EBT agencies utilizing this form should continue to provide notice and information to the public about their applications for a waiver in accordance with the requirements at Section 12(l)(1)(A)(ii) of the NSLA.

waiver request and staff contact information:	
Summer EBT Agency:	
SFSP Agency:	
Date (Click on box to select date):	
Mailing Address:	
Name and Title of person completing this form:	
Region:	

3. Description of the challenge the State/Summer EBT agency is seeking to solve, the goal of the waiver to improve services under the Program, and the expected outcomes if the waiver is granted. [Section 12(l)(2)(A)(iii) and 12(l)(2)(A)(iv) of the NSLA]:

Allow State/Summer EBT agencies to support continued access to nutritious meals and Summer EBT benefits in Summer 2025 while focusing resources on the implementation activities that will ensure program capacity and integrity.

Other, please specify:

4. Specify Program requirement to be waived. [Section 12(l)(2)(A)(i) of the NSLA] Please check the requirement to be waived:

Coordinated Services Plan (Summer EBT and SFSP)

Under the NSLA, and Program regulations at 7 CFR 225.3(e) and 7 CFR 292.10, each State is required to establish, and update annually as needed, a plan to coordinate the statewide availability of services offered through the Summer EBT Program and the SFSP.

5. Description of alternative procedures and anticipated impact on Program operations, including technology and State systems:

The State agency will continue to provide information about Summer Nutrition Programs through multiple media including agency website.

Other, please specify:

6. Description of any steps the State has taken to address regulatory barriers at the State level. [Section 12(l)(2)(A)(ii) of the NSLA]:

No regulatory barriers expected at the State level.

If regulatory barriers are expected at the State level, please list steps taken to address them below:

7. Anticipated challenges State providers may face with their waiver implementation:

No challenges to the State are anticipated with this waiver implementation.

If the State anticipates challenges implementing this waiver, please explain below:

8. Description of how the waiver will not increase the overall cost of the Program to the Federal Government. If there are anticipated increases, confirm that the costs will be paid from non-Federal funds. [Section 12(l)(1)(A)(iii) of the NSLA]:

No anticipated increase of Federal Government costs. This waiver to defer the January 1, 2025, compliance date of the CSP does not alter general operational requirements or Program eligibility, so it will not result in any additional costs to the Federal Government.

Other, please specify:

9. Anticipated waiver implementation date and time period:

Through December 31, 2025.

Other, please specify:

10. Proposed monitoring and review procedures:

There will be no changes to the monitoring and review procedures for State agencies administering the SFSP or Summer EBT. The agency managing the SFSP will still submit their Management and Administration Plan, while those administering Summer EBT will continue to submit their Plan for Operations and Management by the designated deadlines. These plans will include detailed information about the State's approach to operating the Programs, including monitoring processes.

Other, please specify:

11.	Link to or a copy of the public notice informing the public about the proposed waiver [Section 12(l)(1)(A)(ii) of the NSLA]:
	https://hcnp.hawaii.gov/wp-content/uploads/2024/12/Coordinated-Services-Plan-Waiver-Request-Form.pdf
12.	Signature and title of requesting official:
	Title:
	Requesting official's email address(es) for transmission of response:
13.	[IF NEEDED] Signature and title of additional requesting official:
	Title:
	Requesting official's email address(es) for transmission of response:
TO BE COMPLETED BY FNS REGIONAL OFFICE:	
addres justific	egional Offices are asked to verify that the State/Summer EBT agency has properly ssed all questions. The Regional Offices should then provide an opinion and cation for responding to the waiver request based on their knowledge, experience, and ctions with the State/ITO.
Date w	vaiver request was received by the Regional Office:
	Check this box to confirm that the State/Summer EBT agency has provided public notice in accordance with Section $12(l)(1)(A)(ii)$ of the NSLA.
Region	nal Office Analysis and Recommendations:
Regior	nal Office Signature: