

**CHILD NUTRITION PROGRAM**

**IL CNP Waiver 21-013 Paid Lunch Equity**

**Waiver Request for School Year 20-21 Paid Lunch Equity (PLE)**

**1. State agency submitting waiver request and responsible State agency staff contact information:**

Illinois State Board of Education  
 Nutrition Department  
 100 North First Street, W-270  
 Springfield, IL 62777

Mark Haller, Director  
 Child Nutrition Programs  
[mhaller@isbe.net](mailto:mhaller@isbe.net)  
 217-782-2491

**2. Region:**

Midwest

**3. Eligible service providers participating in waiver and affirmation that they are in good standing:**

The Illinois State Board of Education (ISBE) is requesting the waiver on behalf of all NSLP sponsors determined to be in good standing in the State of Illinois operating during the ongoing COVID-19 outbreak.

**4. Description of the challenge the State 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]:**

For the schools who had a negative balance in December 2019, increasing meal prices at this time will negatively impact school meal program participation by families that do not qualify for benefits but are recovering from the economic effects of the COVID-19 public health emergency.

**5. Specific Program requirements to be waived (include statutory and regulatory citations). [Section 12(l)(2)(A)(i) of the NSLA]:**

NSLA Citations	7 CFR Citations	Requirement
42 U.S.C. 1760(p)	7 CFR 210.14(e)	For each school year beginning July 1, 2011, school food authorities shall establish prices for paid lunches to be more equal with funds brought in from free and reduced-price meal reimbursements.

**6. Detailed description of alternative procedures and anticipated impact on Program operations, including technology, State systems, and monitoring:**

If approved, ISBE will provide technical assistance to school food authorities who would have had to raise student lunch prices. There are no impacts on technology, State systems, or monitoring.

**7. 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]:**

There are no regulatory barriers at the State level to provide the requested waiver.

**8. Anticipated challenges State or eligible service providers may face with the waiver implementation:**

At this time, ISBE does not anticipate challenges from the establishment of this state-wide waiver at the state or sponsor level.

**9. 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]:**

The waiver will not increase the overall cost of the Program to the Federal Government.

**10. Anticipated waiver implementation date and time period:**

Implementation date requested: July 1, 2020.

Time period requested: June 30, 2021.

**11. Proposed monitoring and review procedures:**

Current NSLP monitoring of sponsors is included in the administrative review. This practice will continue as it is consistent with 7 CFR 210.18 requirements.

**12. Proposed reporting requirements (include type of data and due date(s) to FNS):**

ISBE will report to FNS all requested data for the waiver in the timelines required by USDA.

**13. 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://www.isbe.net/Documents/CNP-State-Waiver-Request.pdf>

**14. Signature and title of requesting official:**



Title: Mark Haller, Director

Child Nutrition Programs

Illinois State Board of Education

Requesting official's email address for transmission of response: [mhaller@isbe.net](mailto:mhaller@isbe.net)

**TO BE COMPLETED BY FNS REGIONAL OFFICE:**

*FNS Regional Offices are requested to ensure the questions have been adequately addressed by the State agency and formulate an opinion and justification for a response to the waiver request based on their knowledge, experience and work with the State.*

**Date request was received at Regional Office:**

- Check this box to confirm that the State agency has provided public notice in accordance with Section 12(l)(1)(A)(ii) of the NSLA**

- **Regional Office Analysis and Recommendations:**