ATTESTATION OF COMPLIANCE
WITH MEAL PATTERN REQUIREMENTS

Instructions: The following statement must be signed by a duly authorized representative of the school food authority (SFA) operating the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP) and returned to the Oklahoma State Department of Education (the State Agency) upon submission of the certification documentation for the performance-based cash assistance.

I, ________________, as the duly authorized representative of __________________ (SFA name), do hereby attest that the aforementioned SFA and all schools under its jurisdiction operating the NSLP authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq) and/or the SBP authorized under the Child Nutrition Act of 1966 (U.S.C. 1773) are in compliance with the meal pattern requirements in effect for the current school year, as set forth in 7 CFR Parts 210.10 and 220.23, as applicable. In addition, ________________ (SFA Name) attests that:

• Documentation submitted for 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.
• All labels and/or manufacturer specifications for food products and ingredients used to prepare school meals indicate zero grants of TRANS fat per serving.
• The minimum calories required for breakfasts served under the Food-Based Menu Planning option are offered and available to every student, as applicable.
• All Pre-K meals are compliant with the current meal patterns for the age/grade group being served, as applicable.

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

School Food Authority

Submitted by (Signature)

_______________________________

Title

Date

State Agency

Received by (Signature)

_______________________________

Title

Date

Oklahoma State Department of Education Child Nutrition Programs Agreement