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| CNP_jpeg | **Whole Grain-Rich Exemption**  **In School Years (SY) 2016-2017** | *Child Nutrition Programs**Teaching and Learning Support* *801 West 10th Street, Suite 200*  *P.O. Box 110500*  *Juneau, Alaska 99811-0500*  *Fax (907) 465-8910*  *Elizabeth.seitz*[*@alaska.gov*](mailto:Elizabeth.seitz@alaska.gov) |

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| Sponsor Name: |  |

The implementation of the whole grain-rich requirement was phased in over a period of three SYs. Half of the grains offered in the National School Lunch Program (NSLP) were required to be at least whole grain-rich effective July 1, 2012 (SY 2012-2013). Half of the grains offered in the SBP were required to be at least whole grain-rich effective July 1, 2013 (SY 2013-2014). All grains offered in the NSLP and SBP were required to be at least whole grain-rich effective July 1, 2014 (SY 2014-2015).

The progression to offer all whole grain-rich grains in school meals represents a significant transition for industry, program operators, and students. The authority provided to Child Nutrition Programs (CNP) in Public Law 113-235 offers us to allow the opportunity to provide School Food Authorities (SFAs) that demonstrate hardship in procuring specific whole grain-rich products the ability to seek exemptions for one or more products. Therefore, for the remainder of SY 2014-2015 and in SY 2015-2016, CNP may approve an SFA’s exemption request for specific products if the SFA can demonstrate hardship(s) in procuring, preparing, or serving compliant whole grain-rich products that are accepted by students. The temporary exemptions are allowed for any type of grain product(s), (e.g., pasta, bread, brown rice, etc.) and for one or more different products.

SFAs granted an exemption must work with CNP to search for acceptable products, and must comply with the SY 2013-2014 requirement to offer at least half of the grains as whole grain-rich products.

***PLEASE PROVIDE THIS PRODUCT SHEET AND REQUIRED DOCUEMENTATION FOR EACH PRODUCT YOU WISH TO RECEIVE AN EXEMPTION FOR***

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| The above SFA requests approval to be exempt for SY2016-2017 for the following Product:  **Specific Product Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(must provide supporting documentation for approval)*    **Check all that apply:**  **Financial hardship**:   * SFAs records provided to the SA demonstrate a significant drop in meal counts after the whole grain-rich product(s) were offered, *(provide last year meal count vs. current year meal count reflective of the same menu, but with whole grain-rich product added)* or * SFAs experienced a significant cost increase when procuring the whole grain-rich product(s). *(provide invoices or purchase orders reflecting increase cost from last year vs. current year)*   **Limited product availability**:   * SFA does not have access to a compliant whole grain-rich product(s) in the local market and would like to offer enriched grain item(s) temporarily. *(submit vendor lists of whole grain-rich products available to your district or lack of)*   **Unacceptable product quality**:   * The whole grain-rich product(s) offered by the SFA did not retain the desired texture or lost palatability during the typical holding time. *(submit photos of product quality)*   **Poor student acceptability**:   * The whole grain-rich product(s) offered by the SFA received significant negative student/parent feedback or there was increased plate waste of that menu item when the whole grain-rich product(s) was offered multiple times and over a sustained period of time. *(submit student/parent feedback surveys or comments sheets)*   *Authorized Representative or Food Service Manager*:    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Printed Name SignatureDate  Return the completed form to Child Nutrition Programs via email or fax:   |  |  | | --- | --- | | Email: [Elizabeth.seitz@alaska.gov](mailto:Elizabeth.seitz@alaska.gov) | Fax: 907-465-8910 | |  |  | |

**For CNP Use Only**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNP Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_