

Michigan Department of Education
 School Nutrition Programs
 Paid Lunch Equity Exemption Request Form
 School Year 2017-2018

Note: This form should be submitted to the Michigan Department of Education no later than July 15, 2017, to meet annual price increases as prescribed by the USDA.

Date:
 District Name:
 Agreement Number:
 Contact Name:
 Contact Phone Number:
 Contact Email:

	YES	NO
1) Will the required increase to paid lunch prices or revenue contributions cause the non-profit school food service account to exceed the three-month operating balance limit? Attach balance sheet as of the most current previous month.		
2) Does the School Food Authority (SFA) meet all paid lunch equity requirements? Attach a completed PLE Tool for 2015-2016, 2016-2017, and 2017-2018 and all student meal prices for 2014-2015, 2015-2016, and 2016-2017.		
3) Does the SFA have necessary cafeteria and kitchen equipment for storing, preparing, and serving healthy meals and competitive foods?		
4) If the SFA has applied for federal grants to purchase equipment needed to serve healthier meals but has not received funding, did the SFA use its own funds to accomplish the proposed activities?		
5) Are there simple menu improvements that could be made that would encourage students to eat healthier meals and make the program more appealing? For example, has the SFA considered expanding offerings of fresh fruit and vegetables, and/or expanded variety of fruit and vegetables?		
6) Does the SFA use salad bars?		
7) Has the SFA made efforts to engage students in meal planning, taste testing, etc?		
8) Does the SFA comply with all requirements and follow best practices with regard to preventing overt identification?		
9) Does the SFA utilize signage, food placement, and other marketing techniques effectively to promote the selection of reimbursable meals?		

10) Does the SFA have all child nutrition staff vacancies filled?

11) Has the SFA done everything within its ability to improve the certification process to increase access to the program (e.g., maximize use of direct certification including homeless, runaway, migrant and foster children, etc)?

12) Are there any other factors you would like us to know in evaluating your exemption request?

If Yes, provide comments in box below:

The above requested information is accurate to the best of my knowledge:

Food Service Director Name	Signature	Date
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Business Manager Name	Signature	Date
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Food Service Director	Email	Business Manager Email
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**Email completed form and attachments to MDE-Fiscal@michigan.gov.
Please indicate 'PLE Exemption Request' in the subject line.**