



## 2024 Provision 2 Annual Declaration Form

*Instructions:* This form is to be completed annually and submitted to the assigned Area Consultant (AC) for participation in Provision 2 (P2) along with submission of the base year Free and Reduced Lunch Report or FRL001 report from School Nutrition Online (SNO).

School District: \_\_\_\_\_ System ID Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. P2 Claiming Percentages. Check the appropriate box(es) below.

- Individual School(s)
- District-Wide (requires State agency approval).

2. P2 Type. Check the appropriate box(es) below.

- Breakfast only.
- Lunch only.
- Both Breakfast and Lunch.

3. Current Provision 2 base year(s) \_\_\_\_\_

- School Year (SY) 23-24 is in Year \_\_\_\_\_ of the current Provision 2 cycle for the election type selected above.
- If more than one Provision 2 cycle, provide additional cycle information below.
- Attach Base Year Free and Reduced Lunch Report that shows free and reduced along with directly certified students.

4. Intended plan for SY23-24. Check the appropriate box below.
- Establishment of the new base year
  - In cycle year 4, requesting an extension to the four-year cycle (*must contact AC, and State Agency must approve the extension*)
  - In cycle years 2, and 3, continue P2 as the school food authority is currently operating.
  - Terminate Provision 2.
5. If selected to continue with P2, submit the required SY23-24 P2 Annual Declaration Form to the AC by **June 30, 2023**.
6. If establishing a New Base Year or requesting an extension to the current four-year cycle was selected, submit a written request along with the required SY23-24 P2 Annual Declaration Form to the AC by **June 30, 2023**.
7. Establishment of a new four-year cycle for P2 requires a New Base Year to establish claiming percentages for the subsequent three-year period.
8. The State Agency must conduct a new Base Year Review. It is best to schedule the Base Year Review early in the school year, preferably right after the end of the 30-day Free and Reduced eligibility carryover period.

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*Signature of Person Completing Form*

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*Date*