



2025 CEP Annual Declaration Form

Instructions: This form is to be completed annually and submitted to your Area Consultant (AC) for participation in Community Eligibility Provision (CEP).

School District: _____ System ID Number: _____

CEP Contact Name: _____

Phone: _____ Email: _____

1. CEP Election Type. Check the appropriate box(es) below.

- District-Wide
- District-Wide with Groups
- Group(s) of Schools
- Individual School(s)

2. Current CEP cycle(s)

- School Year (SY) 24-25 is Year _____ of the current CEP cycle for the election type selected above.
- If more than one CEP cycle, provide additional cycle information below.

3. Intended plan for SY24-25. Check the appropriate box below.

- Continue CEP – No changes to the Determination Worksheet are needed
- Continue CEP – Changes to the Determination Worksheet are needed (*must contact AC*)
- Establishment of a new four-year cycle (*CEP Validation Review required*)
- Terminate CEP

4. If selected CEP with **no changes** to the Determination Worksheet, submit all required documentation to your AC by **June 30, 2024**.

- SY24-25 CEP Annual Declaration Form
- Current Determination Worksheet(s)
- SY24-25 CEP Worksheet from School Nutrition Online (SNO)

5. If selected CEP **with changes** to the Determination Worksheet, contact your AC to determine if a new four-year cycle is required.
- If determined a new four-year cycle is not required, submit documentation stated in #4 to AC by **June 30, 2024**.
 - If determined a new four-year cycle is required, all documentation stated in #4 should be submitted to AC after the Validation Review is completed.
6. If selected establishment of a new four-year cycle, a Validation Review must be completed before the first claim of SY24-25 is filed. All documentation stated in #4 should be submitted to AC after the Validation Review is completed.

Signature of Person Completing Form

Date