



WHOLE GRAIN-RICH EXEMPTION REQUEST FORM

DIRECTIONS

Fax or email the completed form to: Food and Nutrition Services (FNS) Section at (573) 526-3897 or email to foodandnutritionservices@dese.mo.gov **Subject Line: WHOLE GRAIN-RICH EXEMPTION REQUEST FORM**

USDA memo SP 20-2015 allows Local Education Agencies (LEAs) the ability to request an exemption from the whole grain-rich requirement for school years (SY) 2014-2015 and 2015-2016.

LEAs must request exemptions to specific products, if the LEA can demonstrate hardship(s) in procuring, preparing, or serving compliant whole grain-rich products that are acceptable to students. LEAs granted the exemption must comply with the SY 2013-2014 requirement to offer at least half of the grain items as whole grain-rich. LEAs may retain the previously approved pasta exemptions and do not need to reapply for the pasta items already approved.

List each product and provide written justification or other documented evidence (e.g. photos, meal count records). LEAs must submit this form to request the exemption. An email will be returned to the Authorized Representative regarding approval or denial of the exemption.

Questions regarding this form contact (573) 751-3526 or foodandnutritionservices@dese.mo.gov.

LEA INFORMATION

LEA AGREEMENT NUMBER	LEA NAME
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Product	Reasons for requesting exemptions (check all that apply and provide written justification and/or documentation)
Name:	<input type="checkbox"/> Financial hardship
Manufacturer:	<input type="checkbox"/> Limited product availability
	<input type="checkbox"/> Unacceptable product quality
DEPARTMENT USE ONLY	<input type="checkbox"/> Poor student acceptance
	Approved <input type="checkbox"/>
	Denied <input type="checkbox"/>
	<input type="checkbox"/> Other
	Plan to achieve future compliance

Name:	<input type="checkbox"/> Financial hardship
Manufacturer:	<input type="checkbox"/> Limited product availability
	<input type="checkbox"/> Unacceptable product quality
DEPARTMENT USE ONLY	<input type="checkbox"/> Poor student acceptance
	Approved <input type="checkbox"/>
	Denied <input type="checkbox"/>
	<input type="checkbox"/> Other
	Plan to achieve future compliance

AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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AUTHORIZED REPRESENTATIVE TITLE	EMAIL ADDRESS OF AUTHORIZED REPRESENTATIVE
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Product	Reasons for requesting exemptions (check all that apply and provide written justification and/or documentation)
Name: Manufacturer:	<input type="checkbox"/> Financial hardship <input type="checkbox"/> Limited product availability <input type="checkbox"/> Unacceptable product quality <input type="checkbox"/> Poor student acceptance
DEPARTMENT USE ONLY Approved <input type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Other Plan to achieve future compliance
Name: Manufacturer:	<input type="checkbox"/> Financial hardship <input type="checkbox"/> Limited product availability <input type="checkbox"/> Unacceptable product quality <input type="checkbox"/> Poor student acceptance
DEPARTMENT USE ONLY Approved <input type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Other Plan to achieve future compliance
Name: Manufacturer:	<input type="checkbox"/> Financial hardship <input type="checkbox"/> Limited product availability <input type="checkbox"/> Unacceptable product quality <input type="checkbox"/> Poor student acceptance
DEPARTMENT USE ONLY Approved <input type="checkbox"/> Denied <input type="checkbox"/>	<input type="checkbox"/> Other Plan to achieve future compliance