**2017-2018 Attestation of Compliance with the New Meal Pattern Requirements Form**

*Instruction: The following statement must be signed by a duly authorized representative of the contracting entity operating the National School Lunch and/or School Breakfast Programs, and uploaded in the Texas Unified Nutrition Programs System (TX-UNPS) with the submission of the 2017-2018 Application Packet.*

I,       [CE Official], as the duly authorized representative of       [CE Name],       [CE ID Number], do hereby attest that the aforementioned CE and all schools/sites under its jurisdiction operating the National School Lunch Program authorized under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq), and/or the School Breakfast Program authorized under the Child Nutrition Act of 1966 ( 42 U.S.C. 1773), are in compliance with the meal pattern requirements in effect for School Year 2017-2018, as set forth in 7 CFR Part 210.10 and 220.23, as applicable.

*CEs submitting menus for a TDA Certification review with this Attestation are also attesting to the below declarations:*

In addition, for School Year 2017-2018, I attest that

* Documentation submitted for certification is representative of the ongoing meal service within the CE;
* The minimum required food quantities for all meal components are available to students in every serving line;
* All labels and/or manufacturer specifications for food products and ingredients used to prepare school meals indicate zero grams of *trans* fat per serving;
* The minimum calories required for breakfasts served under the Food Based Menu Planning option are offered and available to every student, as applicable; and
* All Pre-K meals are compliant with the current meal patterns for the age/grade group being served, as applicable.

I certify that this attestation is true and correct, and therefore, I believe my CE is eligible for the performance-based reimbursement.

I understand that if TDA determines the CE to be noncompliant with one or more of the requirements set forth in this attestation statement, fiscal action will include, deactivating the performance-based reimbursement, disallowance of meals, and/or withholding of payment.

**CE Superintendent or Authorized Representative**

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| Submitted By | *(Signature)* |
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| Title | Date |
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