**Provision 2 (P2) Feasibility Worksheet**

*To use the chart, write the numbers (amounts and percentages) that apply to your CE in the open spaces under the descriptions. For more detailed instructions, use the directions sheet that follows the worksheet.*

|  |  |
| --- | --- |
| **Contracting Entity (CE):** | **Meal Type:** |
| **CE ID #:** | **Date:**  |
| **Section 1** |
| 1. **Program Participation Information** *(Use information from most recent October.)*
 |
| **1—Meal Program Participant Total Enrollment** |
| Number Free Enrollment | + | Number Reduced-Price Enrollment | + | Number Paid Enrollment | = | Number Total Enrollment |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **2—Percentage of Enrollment Participation** |
| **Free** |
| Number Free Enrollment | **÷** | Number Total Enrollment  | = | Percentage[[1]](#footnote-1) Free Enrollment |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Reduced-Price** |
| Number Reduced-Price Enrollment | **÷** | Number Total Enrollment  | = | Percentage1 Reduced-Price Enrollment |
|  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Paid** |
| Number Paid Enrollment | **÷** | Number Total Enrollment  | = | Percentage1 Paid Enrollment |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **3—Number of Reimbursable Meals Served by Category and Total Enrollment** |
| Number Free Reimbursable Meals Served | +  | Number Reimbursable Meals Reduced-Price | +  | Number Reimbursable Meals Paid | = | Total Number Reimbursable Meals Served |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Total Claimed Days of Service for the Month** |
| Number of Free Reimbursable Meals Served |  |  |  |
|  |  |
|  |

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| --- |
| **4—Percentage1 of Reimbursable Meals Served by Category and Total Enrollment** |
| Number Free Reimbursable Meals Served | **÷** | Total Number Reimbursable Meals Served | + | Percentage1 Meals Served Free |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Number Reimbursable Meals Reduced-Price | **÷** | Total Number Reimbursable Meals Served | + | Percentage1 Meals Served Reduced-Price |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Number Reimbursable Meals Paid | **÷** | Total Number Reimbursable Meals Served | + | Percentage1 Meals Served Paid |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **5—Average Daily Participation (from Accuclaim Daily Record)** |
| Number Free Reimbursable Meals Served | **÷** | Total Number of Claimed Days of Service | = | Average Daily Participation Free | **÷** | Total Student Enrollment | = | % Participation Free |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Number of Reimbursable Meals Reduced-Price | **÷** | Total Number of Claimed Days of Service | = | Average Daily Participation Reduced-Price | **÷** | Total Student Enrollment | = | % Participation Reduced-Price |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Number Reimbursable Meals Paid | **÷** | Total Number of Claimed Days of Service | = | Average Daily Participation Paid | **÷** | Total Student Enrollment | = | % ParticipationPaid |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Total Number Reimbursable Meals Served | ÷ | Total Number Claimed Days of Service | = | Average Daily Participation | ÷ | Total Student Enrollment | = | % Participation |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| 1. **Annual Income from Reimbursable Meals** *(Use information from most recent October.)*
 |
| **Current Reimbursement** |
| Monthly Amount Federal Reimbursement for Lunch | + | Cash Received from Paid Program Participants | = | Monthly Income Meal Service  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Monthly IncomeReimbursable Meals | x | Number Months Program Operates | = | Estimated Total Yearly Income |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |
| Cash Received from Paid Program Participants | x | Number Months Program Operates | = | Estimated YearlyPaid Income |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Projected Reimbursement** |
| Estimated Total Yearly Income | **–** | Estimated Yearly Paid Income | = | Estimated Yearly Total Loss of Income from Paid Program Participants |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Section 2** |
| **Possible Percentage of Increase Chart**Circle the current participation percentage/s that reflects the school’s current nutrition program participation for the meal type data reported on this form *[School Breakfast Program (SBP) or National School Lunch Program (NSLP)].* |
| **SBP** |
| Elementary (PreK–5) | Middle School/Junior High (6–8) | High School (9–12) |
| **Current % Participation** | **Projected % Increase** | **Current % Participation** | **Projected % Increase** | **Current % Participation** | **Projected % Increase** |
| 10%–20% | 26% | 20%–30% | 10% | 15%–25% | 12% |
| 20%–30% | 20% | 30%–40% | 8% | 25%–35% | 8 |
| 30%–40% | 15% | 40%–50% | 7% | 35%–40% | 5% |
| 40%–50% | 10% | 50%–60% | 6% | — | — |
| 50%–60% | 5% | 60%–70% | 4% | — | — |
| 60%–70% | 2% | 70%–80% | 2% | — | — |
| **NSLP** |
| Elementary (PreK–5) | Middle School/Junior High (6–8) | High School (9–12) |
| **Current % Participation** | **Projected % Increase** | **Current % Participation** | **Projected % Increase** | **Current % Participation** | **Projected % Increase** |
| 60%–70% | 3% | 45%–55% | 22% | 30%–40% | 33% |
| 70%–80% | 4% | 55%–65% | 15% | 40%–50% | 25% |
| 80%–90% | 2% | 65%–75% | 13% | 50%–60% | 15% |
| 90%–95% | 1% | 75%–85% | 8% | 60%–70% | 10% |
| — | — | 85%–95% | 3% | 70%-80% | 5% |
|  |

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| --- |
| **Section 3** |
| **Questions to Guide Determination of P2 Feasibility** |
| **Based on the information revealed by completing Section 1 of this form, consider the following questions:**  |
| 1. How would the loss of paid participant income impact the CEs monthly and yearly budgets?

Would the possible increased cost for Provision 2 be offset by reduced staff time needed to submit for traditional program claim reimbursement through TX-UNPS?Are there other funds available to help offset any increased cost? Support from other service organizations or agencies? |  |
| 1. What is the percentage of students who are likely to be eligible for free or reduced-price meals who have not submitted applications?

If these children were added to the current number of free and reduced-priced participants, would the increase in reimbursement help to offset the cost of providing free meals to all children? |  |
| 1. Are there other possible benefits that the school will see as a result of adopting Provision 2?

*(****NOTE****: Some reports find that schools have found that Provision 2 can result in healthier children, increased academic achievement, and stronger school-family-community connections.)* |  |

**Directions Provision 2 (P2) Feasibility Worksheet**

|  |
| --- |
| **Use This Form** |
| **Frequency** | Optional, prior to applying for P2 status; P2 applications are due by May 15 |
| **Required Form Format** | None |
| **Record Retention** | Apply local rules |

**Purpose**

This worksheet can be used as a quick assessment to help a contracting entity (CE) determine the financial feasibility of adopting Provision 2 (P2) for counting and claiming. This form can be used at any time during the school year; however, school districts need to remember that the application for P2 status is due May 15.

**To Prepare**

Before starting to complete this form, collect all of the counting and claiming data from the most current October. A separate form should be used for breakfast and lunch.

**Directions for Completing This Form**

***General Information***

* **Contracting Entity (CE):** Record the name of the school district in the designated space.
* **CE ID#:** Record the CE’s ID number in the designated space.
* **Date:** Record the date the form is completed in the designated space.
* **Meal Type:** Record the meal type in the designated space.

(**NOTE:** Complete a separate form for lunch and breakfast.)

***Section I***

***Program Participation Information***

**1–Meal Program Participant Total Enrollment**

**Number Free Enrollment:**

* Record the number students who qualify for free meals.

**Number Reduced-Price Enrollment:**

* Record the number of students who qualify for reduced-price meals.

**Number Paid Enrollment:**

* Record the number of students who do not quality for either free or reduced-priced meals.

**Number Total Enrollment:**

* Record the sum of the enrollment numbers entered on this line to get the total number of students who were served a reimbursable meal during the most recent October.

|  |
| --- |
| *For Example:* |
| Number Free Enrollment |  | Number Reduced-Price Enrollment |  | Number Paid Enrollment |  | Number Total Enrollment |
| 1800 | + | 500 | + | 250 | = | 2550 |

**2–Percentage of Enrollment Participation**

Use the amounts in the previous step make the following calculations—carry the decimal to the 6th place.

**Free:**

* Divide the Number Free Enrollment by the Number Total Enrollment.

**Reduced-Price:**

* Divide the Number Reduced-Price Enrollment by the Number Total Enrollment.

**Paid:**

* Divide the Number Paid Enrollment by the Number Total Enrollment.

|  |
| --- |
| *For Example:* |
| ***Free*** |  |  |  |  |
| Number Free Enrollment |  | Number Total Enrollment |  | Number Paid Enrollment |
| 1800 | **÷** | 2550 | = | .705882 |
|  |  |  |  |  |
| ***Reduced-Price*** |  |  |  |  |
| Number Free Enrollment |  | Number Total Enrollment |  | Number Paid Enrollment |
| 500 | **÷** | 2550 | = | .196078 |
|  |  |  |  |  |
| ***Paid*** |  |  |  |  |
| Number Free Enrollment |  | Number Total Enrollment |  | Number Paid Enrollment |
| 250 | **÷** | 2550 | = | .098039 |

**3–Number of Reimbursable Meals Served by Category and Total Enrollment**

* Use the amounts in the previous step to make the following calculations—carry the decimal to the 6th place.

**Number of Free Reimbursable Meals Served:**

* + Record the number of free reimbursable meals claimed during the most recent October.

**Number of Reduced-Price Reimbursable Meals Served:**

* + Record the number of reduced-price reimbursable meals claimed during the most recent October.

**Number of Paid Reimbursable Meals Served:**

* + Record the number of paid reimbursable meals claimed during the most recent October.

**Total Number of Reimbursable Meals Served:**

* + Total the amounts of free, reduced-price, and paid meals served to determine the total number of reimbursable meals served during the most recent October.

|  |
| --- |
| *For Example:* |
| Number Free Enrollment |  | Number Reduced-Price Enrollment |  | Number Paid Enrollment |  | Number Total Enrollment |
| 1800 | + | 500 | + | 250 | = | 2550 |

**Total Claimed Days Service for the Month:**

* + Record the number of days of service for the most recent October in the box.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| *For Example:* |  |  |
| Total Claimed Days of Service for the Month |  | 18 |

 |

**4–Percentage Reimbursable Meals Served by Category and Total Enrollment**

* Use the numbers/amounts in the previous steps to make the following calculations—carry the decimal to the 6th place.

|  |
| --- |
| *For Example:* |
| ***Free*** |  |  |  |  |
| Number Free Reimbursable Meals Served |  | Total Number Reimbursable Meals Served |  | Percentage Free Meals Served |
| 33991 | **÷** | 47337 | = | .709076 |
|  |  |  |  |  |
| ***Reduced-Price*** |  |  |  |  |
| Number Reduced-Price Meals Served |  | Total Number Reimbursable Meals Served |  | Percentage Reduced-Price Meals Served |
| 9291 | **÷** | 47937 | = | .193816 |
|  |  |  |  |  |
| ***Paid*** |  |  |  |  |
| Number Paid Meals Served |  | Total Number Reimbursable Meals Served |  | Percentage Paid Meals Served |
| 4655 | **÷** | 47937 | = | .097106 |

**5–Average Daily Participation (from Accuclaim Daily Record for most recent October)**

* Use the numbers/amounts in the previous steps to make the following calculations—carry the decimal to the 6th place.

|  |
| --- |
| *For Example:* |
| ***Paid*** |  |  |  |  |  |  |  |  |
| Number Free Reimbursable Meals Served |  | Total Number Claimed Days Service |  | Average Daily Participation Free |  | Total Student Enrollment |  | % Free Participation  |
| [ 33991 | **÷** | 19 | = | 1789 ] | **÷** | [ 2550 ] | = | .701568 |
|  |
| ***Reduced-Price*** |
| Number Reduced-Price Meals Served |  | Total Number Claimed Days Service |  | Average Daily Participation Free |  | Total Student Enrollment |  | % Reduced-Price Participation |
| [ 9291 | **÷** | 19 | = | 489 ] | **÷** | [ 2550 ] | = | .191765 |
|  |
| ***Paid*** |
| Number Paid Meals Served |  | Total Number Claimed Days Service |  | Average Daily Participation Free |  | Total Student Enrollment |  | % Paid Participation |
| [ 4655 | **÷** | 19 | = | 245 ] | **÷** | [ 2550 ] | = | .096078 |
|  |
| ***Total All Categories*** |
| Total Number Reimbursable Meals Served |  | Total Number Claimed Days Service |  | Average Daily Participation Free |  | Total Student Enrollment |  | % Total All Category Participation |
| [ 47937 | **÷** | 19 | = | 2523 ] | **÷** | [ 2550 ] | = | .989411 |

1. **Annual Income for Reimbursable Meals (Use information from the most recent October)**

**Monthly Amount of Federal Reimbursement:**

* Record the amount of Federal Reimbursement for meal service.

**Cash Received from Paid Program Participants:**

* Record the amount received from providing paid meals. Include both reimbursable meals as well as a la carte meals.

**Monthly Income Meal Service:**

* Sum the monthly amount of federal reimbursement and the cash received from pair participants.

**Estimated Yearly Income Meal Service:**

* Multiply the monthly income meal service from all sources by the number of months in operation.

|  |
| --- |
| *For Example:* |
| ***Monthly*** |  |  |  |  |
| Monthly Amount Federal Reimbursement |  | Monthly Cash Received from Paid Program Participants |  | Monthly Income Meal Service |
| 120,163.03 | + | 11, 857.50 | = | 132,020.53 |
|  |  |  |  |  |
| ***Yearly*** |  |  |  |  |
| Monthly Income Meal Service |  | Number Months Operation |  | Estimated Yearly Income Meal Service |
| 132,020.53 | x | 10 | = | 1,320,205.30 |

**Section 2**

**Possible Percentage of Increase Chart**

In determining the feasibility of adopting Provision 2, CEs should consider the impact of increased student participation. Some of that increase may be additional free or reduced-price eligible participants, or it may be participants who would have paid for their meal under a traditional process. While any participation increase can be influenced by a wide array of contextual factors, active recruitment efforts are likely to lead to greater increases in participation.

(**NOTE**: There are demographic reports that can be helpful in determining the estimated enrollment by each of the eligible categories.)

**On the Chart**

* Circle the projected increase percentage for the grade level/s that will be affected by adopting Provision 2.
* Apply this information to the questions in Section 3.

**Section 3**

**Questions to Guide Determination of P2Feasibility**

* Use the space provided to answer each of the questions that are intended to determine the feasibility of adopting P2. It may be helpful to answer the questions with representatives from the nutrition program, the district, the schools, and the finance department.

(**NOTE**: Determining the feasibility for adopting Provision 2 requires careful consideration, CEs may benefit from technical assistance from TDA or their regional Education Service Center nutrition specialist.)

1. For all percentages, carry out the decimal place to 6 digits (i.e., 1.000000). This will ensure the greatest accuracy in determining the feasibility of moving to Provision 2 Status. For this process, leaving the percentage is decimal form will be the most useful. [↑](#footnote-ref-1)