

Community Eligibility Provision (CEP) Application Instructions

Application Process

Applications for the upcoming school year must be submitted by **June 30, 2023** and based on **enrollment data as of April 1, 2023** and 2022-23 direct certification data. Only complete applications will be considered.

A 2-step submission process is in place to ensure that data is securely transferred using a private and safe data stream.

Step 1

Submit the following to cn@nysed.gov:

CEP Application

- Must “save as” the Excel document to your computer prior to completing. See [Navigating the CEP Application](#) below for detailed instructions on completing the application.
- [The Affirmation](#) is a tab within the CEP Application. This must be completed by the Superintendent, Chief Executive Officer, or an official authorized to sign contracts on behalf of the School Food Authority (SFA).
- [The Policy Statement Amendment](#) is a tab within the CEP Application. This also must be completed by the Superintendent, Chief Executive Officer, or an official authorized to sign contracts on behalf of the SFA.
- After all tabs within the CEP Application have been completed and saved, you can attach it to the email.

Step 2

Once the CEP Application has been submitted, you will be sent an e-mail which will detail the steps you must take to create an NYSED GoAnywhere SFTP account and access the secure server. If you have an account, you will receive an e-mail that the CEP folder has been shared with you. Once you have access, you will upload the following:

Entire SFA/Group of Schools/Individual School *student enrollment records/master list* enrollment data as of April 1 of the current school year.

- This data should be organized by qualifying school building(s) within the SFA. The enrollment record/master list must include **ALL** students and be coded to indicate which students were identified to be eligible for the CEP based on: SNAP/Medicaid Direct Certification Matching Process (DCMP), extension of direct certification eligibility to other household member, foster, migrant, runaway, homeless, and Head Start/Even Start. *Please see “[sample coded student enrollment record/master list](#)” below.*
- Your file(s) must be saved as your SFA Name prior to uploading to the server.
- Any adjustments/changes to the original enrollment record(s)/master list(s) requiring resubmission, must be uploaded to the secure server. No personally identifiable information (PII) can be sent through e-mail.

The following items are required to be **retained** in the SFA for review for three years beyond the duration of the CEP cycle:

1. *Direct certification match data file* retrieved from the SED Business Portal. This data should be organized by qualifying school building within the SFA and in corresponding order (i.e. alphabetical by last name) with the *student enrollment record/master list*. This data file must be retained with your Child Nutrition Program records and is subject to review.

2. *Enrollment record/master list* of **all students**, with appropriate designations for DCMP SNAP, DCMP Medicaid, extension of eligibility, Foster, Homeless, Migrant, Runaway and Head Start/Even Start.
3. *Foster list* obtained from your county Office of Children and Family Services (OCFS).
4. *Homeless list* obtained from the McKinney-Vento liaison (visit www.nysteachs.org for a list of homeless liaisons).
5. *Migrant list* obtained from the migrant coordinator.
6. *Runaway list* obtained from the runaway provider.
7. *Head Start/Even Start* enrollment records.

Sample Coded Student Enrollment Record/Master List

School Building	Student' Name	Student's DOB	Parent/Guardian's Name	Address	Identification Code
Building 1	APPLE, MACK	8/4/2012	APPLE JAMES	11 Cortland St Fort Orange, NY 12345	C
Building 1	APPLE, TOSH	1/14/2014	APPLE JAMES	11 Cortland St Fort Orange, NY 12345	D
Building 1	BACH, SUSAN	7/2/2011	BACH BRITNEY	2 Mozart Ave. Fort Orange, NY 12345	I
Building 1	CURRY, RON	5/27/2016	SAGE SANDY	PO Box 5555 Fort Orange, NY 12345	E
Building 2	EVANS, EMILY	12/5/2014	JOHNSON TERI	2111 Broadway Fort Orange, NY 12345	B
Building 3	FAME, PRINCE	3/16/2017	FAME VICKI	99 Star Parkway Fort Green, NY 12346	G
Building 3	SMITH, JON	6/27/2013	SMITH STAN	12 Lincoln Ave	A

School Building	Student' Name	Student's DOB	Parent/Guardian's Name	Address	Identification Code
				Fort Green, NY 12346	

Code Denotation:	Code Totals:
A= DCMP- SNAP	1
B = DCMP- MEDICAID	1
C= Extension of eligibility to siblings or household members of SNAP/MEDI recipients	1
D= Foster List	1
E= Homeless List	1
F= Migrant List	0
G= Runaway List	1
H= Head Start/Pre-K Even Start	0
I= non identified students	1
Total Number of Identified Students	7

Navigating the CEP Application

"CEP Application" Tab

Enter your data into the yellow form fields.

- **School Food Authority (SFA) Name:** SFA Name as it is displayed in the Child Nutrition Knowledge Center (CNMS).
- **SFA LEA Code:** SFA LEA Code as it is displayed in the CNMS.
- **Contact Person:** The contact person, phone number, and email provided should be someone who is available to discuss the contents of the CEP Application.
- **Phone Number**
- **Contact Email**
- **Application Type:** Indicate whether this application is for SFA-wide, a group of schools, or an individual school.
 - SFA

- This is for SFAs applying for a single Identified Student Percentage (ISP) to represent all of their Recipient Agencies (RA).
- SFAs comprised of only one RA will apply as an SFA.
- SFAs with multiple RAs must ensure all RAs are represented in the RA Section.
- Group
 - When the SFA is applying for multiple, but not all, RAs within the SFA to be represented by a single ISP, this is a Group application type.
 - Multiple groups within one SFA is acceptable. However, one application must be submitted per Group ISP. Also, the RAs within the group cannot already be represented in a current/potential SFA/Group/Individual.
- Individual
 - This is for SFAs with multiple RAs who are applying for a single RA to have a unique ISP.
 - The RA cannot already be represented in a current/potential SFA/Group/Individual.
 - Multiple Individual applications within one SFA is acceptable. However, one application must be submitted per Individual ISP.
 - SFAs with only one RA will apply as an SFA (see above).

The next section with white boxes combines the information you enter into the RA Section. Below is a description of each of the yellow form fields (numbers 1 through 9) that will be completed using RA data in the RA Section and the white boxes that follow them (numbers 10 through 15). If applying for SFA (with multiple RAs) or Group, each RA to be represented by the ISP must be listed in its own row with its associated data on that same row.

RA Name: RA Name as it is displayed in the CNMS.

RA LEA Code: RA LEA Code as it is displayed in the CNMS.

1. **RA Enrollment:** Enter the total number of students enrolled who have access to the breakfast and lunch programs.
2. **Direct Certification Matching Process (DCMP) SNAP Data:** Enter the total number of students who have been directly certified for SNAP by the DCMP.
3. **Extension of Eligibility:** Enter the total number of school-aged children residing in households of directly certified students.
4. **Foster:** Enter the total number of students identified by the list from your county Office of Children and Family Services (OCFS).
5. **Homeless:** Enter the total number of students identified by the list from the McKinney Vento liaison (visit www.nysteachs.org for a list of homeless liaisons).
6. **Migrant:** Enter the total number of students identified by the list from the migrant coordinator.
7. **Runaway:** Enter the total number of students identified by the list from the runaway provider.
8. **Head Start/Pre-K Even Start:** Enter the total number of students identified by these program enrollment records.
9. **DCMP Medicaid Data:** Enter the total number of students who have been directly certified for Medicaid by the DCMP.
10. **RA's Total # of Identified Students:** This is the sum of the data provided for numbers 2 through 10.
11. **RA ISP:** The total number of identified students (number 10) divided by the RA Enrollment (number 1).
12. **RA ISP x 1.6 Multiplier:** This is the RA ISP (number 11) multiplied by the factor 1.6. This outcome yields your free claiming percentage.
13. **RA Percent Claimed as Free:** This percentage will be applied to the total number of meals claimed, by meal, populating the number of meals to be reimbursed at the free reimbursement rate.
14. **RA Percent Claimed as Paid:** This percentage will be applied to the total number of meals claimed, by meal, populating the number of meals to be reimbursed at the paid reimbursement rate.

Keep a copy of all documents submitted on file with your Child Nutrition Program paperwork to substantiate and document the CEP participation. You will also be required to keep on file all documentation to support the CEP Application, including all eligibility lists provided by homeless, migrant and runaway liaisons and headstart/evenstart coordinators. These documents will be reviewed in future administrative and other applicable reviews by federal and State reviewers.

"Affirmation" Tab

This tab must be completed by a duly authorized representative of the SFA applying to participate in the CEP. The SED Child Nutrition Program Administration expects the legal name of the SFA and RA be used and the Affirmation must be signed by the person who has the legal authority and responsibility for the operation of the Child Nutrition Programs. The following is a list of

who should be signing the Affirmation: in cases of public schools – the Superintendent of the school district or their duly authorized designee; in cases of non-profit corporations operating recognized non-public schools or in cases of public or private non-profit residential childcare institutions or Jails – the officer of the corporation (e.g. Executive Director or their duly authorized designee); and in cases of charter schools – the chief school officer, administrator or their duly authorized designee.

"Policy Statement Amendment" Tab

Like the Affirmation tab, this tab must be completed by a duly authorized representative of the SFA applying to participate in the CEP. The SED Child Nutrition Program Administration expects the legal name of the SFA and RA be used and the Policy Statement Amendment tab must be signed by the person who has the legal authority and responsibility for the operation of the Child Nutrition Programs. See the [list above in the Affirmation section](#) of who should be signing the Policy Statement Amendment. On this tab, the SFA must also identify the available and approved data that your SFA utilized during the CEP reconsideration application process (e.g., SNAP, Medicaid). The list of all potential responses [can be found here](#).

Approval

If your SFA is approved to operate the CEP, you will receive an approval e-mail from SED which will include a link to the sample Household Income Form and notification letters for you to notify your school community of your CEP participation and to collect income information to provide data for other federal, State and local funding that use child nutrition data as a proxy for poverty (i.e., BEDS reporting, Title 1 apportionment, e-rate, etc.).