| OSPI Logo w/ Old Capitol building | OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION - Child Nutrition ServicesPO BOX 47200 ∙ OLYMPIA WA 98504-7200360-725-6200 ∙ TTY 360-664-3631**National School Lunch/Breakfast Program****WHOLE GRAIN-RICH EXEMPTION REQUEST** |  |
| --- | --- | --- |

| LEA NAME:       |
| --- |

Provide a separate Whole Grain-Rich Exemption Request form and the applicable supporting documentation for each product for which you are requesting an exemption.

| Product Name:       |
| --- |
| Check all that apply:**Financial Hardship –** **[ ]** Significant drop in meal counts – *Submit copies of production records supporting drop in meal counts.*Meal counts with WGR product:       Date served:      Meal counts without WGR product:       Date served:      [ ]  Cost increase – *Submit copies of invoices or other documentation indicating price of WGR product and non-WGR product.***Limited Product Availability –**[ ]  Compliant product is not available from vendor. Name of Vendor:      **Unacceptable Product Quality –****[ ]** WGR product did not retain desired texture or finished product quality was poor during typical holding time. *Provide pictures showing product quality or submit a written, detailed description of results.***Poor Student Acceptability –** [ ]  Significant negative feedback was received by student/parents and increased plate waste after multiple attempts to serve WGR product. *Submit comments or feedback received from surveys, comment sheets, e-mail, or phone conversation record.* |
| In order for us to provide an exemption, describe the LEA plan for incorporating all WGR products on menus beginning school year 2019-20. *If requesting an exemption for more than one product, it is only necessary to complete this section once.*      |

| REQUESTOR PRINTED NAME:      | SIGNATURE: | DATE:      |
| --- | --- | --- |
| REQUESTOR PHONE NUMBER:      | REQUESTOR E-MAIL ADDRESS:      |

| **OSPI–CNS** **Only** |
| --- |
| **Technical Assistance Provided:**       |
| **Program Specialist Recommendation:**       |
| Signature: Date:  |
|  Supervisor, School Nutrition Programs |