**Appendix B - Letters of Commitment Templates**

A Letter of Commitment from both the State agency administering the National School Lunch Program (NSLP) and the partnering State Medicaid Agency must be submitted to complete the application for a proposed demonstration project for direct certification with Medicaid. The templates provide examples of the information that must be included in the letters. States agencies may use these templates for agency Letters of Commitment to the Demonstration Projects to Evaluate Direct Certification with Medicaid. .

**Document 1 - Letter of Commitment from NSLP State agency**

**Document 2 - Letter of Commitment from the State Medicaid Agency**

**Document 1 - Letter of Commitment from NSLP State Agency - Page 1**

Submitting State Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: USDA Food and Nutrition Service:

The [*Name of State agency*] is submitting an application for participation in the Demonstration Projects to Evaluate Direct Certification with Medicaid beginning school year \_\_\_\_\_\_\_\_\_\_\_\_\_. We are providing the following affirmations.

*Please confirm the understanding of both the State agency and all local education agencies (LEAs).*

We affirm that the [*State agency*], the [*State Medicaid agency*], and [*Other public agency partners, as appropriate*] are committed to the demonstration project and affirm that we understand and will follow the requirements, roles and responsibilities for State agency participants, as outlined in the ***Request for Applications***.

We affirm that the demonstration project has been explained to each LEA named in the application and both the State agency and LEAs understand and agree to the following:

1. To devote the necessary time and effort to meet the requirements of the demonstration project at the State and LEA levels; and,
2. To cooperate in implementing and evaluating the demonstration project, including cooperation with FNS on the evaluation component of the demonstration project.

**Authorized Signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document 1 - Letter of Commitment from NSLP State Agency - Page 2**

Please complete the following chart, providing any additional narrative explanation needed. In addition, please describe the roles and responsibilities for the demonstration project and contact information, including the authorized signatory, for the NSLP State agency, and the State Medicaid agency.

|  |  |
| --- | --- |
| **Project Narrative (*Expand Table as Needed)*** | |
|  | |
| **Identifying Information:**  Agency Name, Authorized Signatory, Address, Email and Phone#: | **Description of Agency’s Role in Demonstration Project**  ***(This agency will have the role and responsibility of…)*** |
|  |  |
|  |  |
|  |  |
|  |  |

**Document 2 - Letter of Commitment from State Medicaid Agency - Page 1**

Submitting State Medicaid agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: USDA Food and Nutrition Service:

The [*State Medicaid agency*] is submitting a letter of commitment to partner with [*NSLP State agency*] to participate in the Demonstration Projects to Evaluate Direct Certification with Medicaid beginning school year \_\_\_\_\_\_\_\_\_\_\_. We affirm that the [*State Medicaid agency*] has reviewed the requirements, roles and responsibilities of participation in the demonstration project.

*[Please check the box(es) below to confirm the State Medicaid agency’s understanding.]*

We affirm the [*State* *Medicaid agency*]’s commitment to the demonstration project. We understand our role in the demonstration project, as described in the ***Request for Applications***, and will cooperate with the NSLP State agency in implementing the demonstration project, including cooperation with the evaluation component.

**Identifying Children Eligible for Free and Reduced Price School Meals:**

Modified Adjusted Gross Income (MAGI) Categories: We affirm that the *[ State* *Medicaid Agency*] has the capability to readily identify children receiving Medicaid, whose household MAGI, before the application of the five percent disregard, does not exceed 130 percent (for free school meals) or 185 percent (for reduced price school meals) of the Federal Poverty Level.

Non-MAGI Categories: In those Medicaid groups that do not use the MAGI calculation, we affirm that the State agency has the capability to readily identify children receiving Medicaid, whose household income before the application of disregards, deductions, or other adjustments, does not exceed 130 percent (for free school meals) or 185 percent (for reduced price school meals) of the Federal Poverty Level.

**Authorized Signatory:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document 2 - Letter of Commitment from State Medicaid Agency - Page 2**

Please complete the following chart, providing any additional narrative explanation needed. In addition, please describe the roles and responsibilities for the demonstration project and contact information, including the authorized signatory, for each State Medicaid agency.

|  |  |
| --- | --- |
| **Additional Information (*Expand Table as Needed)*** | |
|  | |
| **Identifying Information:**  Agency Name, Authorized Signatory, Address, Email and Phone#: | **Description of Agency’s Role in the Demonstration Project**  ***(This agency will have the role and responsibility of…)*** |
|  |  |
|  |  |