

Summer EBT 2025 iPOM and POM Template

U.S. Territories (excluding Puerto Rico)

Directions

This document is the template for the 2025 Interim POM (iPOM) and the 2025 POM for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands.

- By August 15, 2024, Summer EBT agencies must submit the information requested in the iPOM section of this document [[7 CFR 292.8\(a\)](#)]. (page 2)
- By February 15, 2025, Summer EBT agencies must submit a full POM with all the information requested in this document [[7 CFR 292.8\(b\)](#)]. (page 3)

FNS will review each iPOM submission and approve or request more information from the Summer EBT agency. If the Summer EBT agency includes additional information in their iPOM submission (i.e., they complete sections of the template that are required for the full POM), FNS will review and provide technical assistance, as necessary, to assist the Summer EBT agency in developing their full POM.

The full POM may be submitted at any time before February 15, 2025. FNS will review POMs when they are submitted with the goal of approving POMs as early as possible to provide more time for program implementation. Summer EBT agencies are encouraged to discuss any challenges or changes from 2024 with FNS before submitting a final 2025 POM. FNS is available to offer technical assistance, review draft language, or provide any other assistance a Summer EBT agency may need.

Please note that FNS is issuing this revised POM template based on feedback from Summer EBT agencies in 2024. We have simplified and streamlined many questions and removed some questions that are no longer relevant. FNS' goal is to continue to simplify the POM process in the coming years. In 2025 we are requesting that Summer EBT agencies submit a POM that details all areas of their plan and provides a full picture of the agency's Summer EBT Program. After 2025, we anticipate that POM templates will allow Summer EBT agencies to affirm that information has not changed from the prior year in most areas. FNS values Summer EBT agency feedback and is committed to continuous improvement of the POM process.

Required Attachments

- [Required for the iPOM]** FNS-366A expenditure plan(s) (section 1.2, pg 2)
- [Required for the iPOM]** A budget narrative (section 1.3, pg 2)
- [Required for the POM]** [Attachment A - Data collection and use for Territories](#) (section 7, pg 6)
- [Required for the POM]** A copy of the inter-agency written agreement(s) between the Summer EBT coordinating agency and each partnering agency, if applicable [[7 CFR 292.3\(c\)](#), [7 CFR 292.8\(e\)\(1\)](#)].
 - A copy of the agreement(s) is attached.

Or

 - The agreement(s) has not changed since the last POM submission, no resubmission needed.
- [Required for the POM]** A copy of the fair hearing procedures for participants [[7 CFR 292.8\(e\)\(12\)](#); [7 CFR 292.26](#)]

iPOM Requirements – Due not later than August 15, 2024

(may be submitted after August 15 with approved waiver – See 1.4)

- 1.1 Provide an estimate of the number of children who will be served in 2025 [[7 CFR 292.8\(e\)\(2\)](#)]:
- 1.2 Attach FNS-366A expenditure plans(s) that reflect planned Fiscal Year 2025 administrative cost requirements for each Summer EBT agency within the Territory that will draw Summer EBT administrative funds from FNS [[7 CFR 292.8\(e\)\(3\)](#)]. See instructions included with the FNS-366A and Attachment A of policy memo [SEBT 01-2024, FM 01-2024 Summer EBT Administrative Funding Process for FY2024, October 18, 2023](#) for further information about the FNS-366A.
- 1.3 Attach a budget narrative that corresponds with the FNS-366A(s), describes how costs within the budget categories were derived, and demonstrates links between expenditures and specific activities/tasks. The budget narrative will include the administrative needs of all Summer EBT agencies and local educational agencies [[7 CFR 292.8\(e\)\(3\)](#)]. See Summer EBT [budget narrative template](#) and [budget checklist](#) .
- 1.4 Waiver request: To request a waiver of the August 15, 2024, deadline to submit the iPOM, the Summer EBT agency must provide the following:
 - 1.4.1 Describe why the waiver is needed and what steps the Summer EBT agency will take to complete the iPOM as quickly as possible:
 - 1.4.2 Describe the expected waiver implementation date and time period:

August 15, 2024, through (the date you expect to submit the iPOM)
 - 1.4.3 Link to or provide a copy of the public notice informing the public about the proposed waiver(s):
 - 1.4.4 Affirmations
 - The waiver will not increase the overall cost of the Summer EBT Program to the Federal Government. If there are anticipated increases, confirm that the costs will be paid from non-Federal funds.
 - The Summer EBT agency will monitor and review implementation of the waiver and report on implementation including a description of how the waiver was implemented and its impact on program administration.
- 1.5 Waiver request: *Administrative Budget*. Summer EBT agencies participating in Summer EBT are responsible for 50 percent of the Program administrative costs ([7 CFR 292.20\(c\)](#)). Will the Territory utilize the waiver authority at [48 U.S.C. 1469a\(d\)](#) to waive this requirement:
 - Yes
 - No

POM Requirements – Due not later than February 15, 2025
(may also be included with the iPOM submission)

2. iPOM updates

Include any revisions to the information provided in the iPOM, if necessary.

3. Summer EBT agencies

3.1 Coordinating agency: _____

- Is requesting administrative funds through a 366A.
 - Request for administrative funds through a 366A includes local level costs, if applicable.
- Is NOT requesting administrative funds through a 366A.

3.2 Partnering agency: _____

- Is requesting administrative funds through a 366A.
 - Request for administrative funds through a 366A includes local level costs, if applicable.
- Is NOT requesting administrative funds through a 366A.

4. 2025 summer schedule and issuance dates

4.1 Provide the start and end dates of the summer operational period and an explanation for why these dates were selected [[7 CFR 292.2 “Summer operational period”](#); [7 CFR 292.8\(e\)\(10\)\(i\)](#)]:

First day of the summer operational period: _____
Last day of the summer operational period: _____
Explanation:

4.2 The Summer EBT agency will issue benefits in:

- A single issuance (i.e., lump sum).
- Multiple issuances (e.g., monthly issuances):

4.3 [NUMBER] issuances of \$[AMOUNT] each provided on [DATES].

4.4 Date(s) when benefits will be issued (complete the appropriate table):

Guam and U.S. Virgin Islands		
Type of enrollment	Date or dates of issuance	Estimated Number of Children Issued by each enrollment type
Streamlined Certification	<i>Ex. Date or range of dates that fall between the 7 to 14 days before the start of the SOP</i>	<i>Ex. 100,000</i>

American Samoa and CNMI		
Issuance method for food coupons	Date or dates of issuance	Estimated Number of Children Issued by each enrollment type
<i>Ex. Last name of the head of household or case number</i>	<i>Ex. Date or range of dates that fall between the 7 to 14 days before the start of the SOP</i>	<i>Ex. 100,000</i>

4.5 Additional information on schedule for benefit issuance or the estimated number of children, if any:

4.6 Does the Territory have Local Education Agencies (LEAs) operating on a continuous school calendar [[7 CFR 292.2 “Continuous school calendar”](#)]?

- Yes (complete the rest of this question)
- No (skip to section 5)

If yes, describe the school calendar(s) and break schedule(s) for LEAs operating on a continuous school calendar and any adjustments to your issuance schedule for children attending these schools, if applicable [[7 CFR 292.15\(b\)](#), [7 CFR 292.15\(e\)\(4\)](#)]:

5. **EBT Issuance (Guam and U.S. Virgin Islands only)**

5.1 Select all that apply [[7 CFR 292.15\(c\)\(2\)](#)]:

- The Summer EBT agency will co-load benefits on existing accounts/cards. Type of account(s) that will co-load (e.g., SNAP, TANF): _____
- For children whose benefits are not co-loaded on an existing account, the Summer EBT agency will issue one card to each household.
- For children whose benefits are not co-loaded on an existing account, the Summer EBT agency will issue one card to each eligible child.

In order for your EBT processor to successfully issue Summer EBT benefits according to the issuance plan described in this POM, it is critical that Summer EBT agencies and EBT processors work together closely. Failure to do so could negatively impact your ability to timely implement your issuance plan, as required by [7 CFR 292.16](#). The following are required for successful program implementation:

- Update your contract with the EBT processor to implement your issuance plan for Summer EBT 2025. Contact the FNS State Systems Office (SSO) for any questions on your state system or the Advance Planning Document (APD).
- Provide your EBT processor with key information (number of kids to be served, whether you are co-loading Summer EBT benefits on another account such as a SNAP account, issuance schedule, notice requirements, etc.) with sufficient time for them to plan their workload. Please note that it is NOT necessary for your POM or contract amendment to be finalized before sharing information (e.g. issuance dates, method of issuance and estimated number of children) with your EBT processor. This is a dynamic process, and all parties must understand that any data you provide are estimates, and subject to change.

6. Non-EBT Issuance (American Samoa and CNMI only)

6.1 Territories operating the Nutrition Assistance Program (NAP), that **do not issue program benefits electronically**, may issue the benefits in the same manner as NAP. Please select all that apply [[7 CFR 292.15\(c\)\(2\)\(iii\)](#), [7 CFR 292.18](#)]

- The Summer EBT agency will issue one food coupon booklet for each eligible child to the head of household.
- The Summer EBT agency will issue one food coupon booklet for all eligible children in the households to the head of household.

6.2 Waiver request: Territories operating NAP that **do not issue program benefits electronically** will need a waiver for the requirement to provide replacement EBT cards and pins within 2 business days following notice by the household that the card was lost, stolen or damaged [[7 CFR 292.15\(g\)\(4\)](#)]. Will the Territory utilize the waiver:

- Yes
- No

7. Eligibility

7.1 Complete the following table [Attachment A - Data collection and use for Territories](#).

7.2 Enrollment and Verification Waiver. All Territories except Puerto Rico have the flexibility to waive [7 CFR 292.12\(d\)](#), which requires Summer EBT agencies to enroll children who are individually eligible for Summer EBT based on their participation in an approved means-tested program, income application for school meals, and/or through a Summer EBT application. Will the Territory utilize the waiver:

- Yes
- No

7.3 For the purposes of streamline certifying children without matching to NSLP enrollment lists, provide the Territory’s legal ages of compulsory school enrollment [[7 CFR 292.2 “School aged”](#); [7 CFR 292.12\(d\)](#)]. * Please note that children are eligible if they are school age between July 1, 2024 and the last day of your SOP in 2025.

Minimum age: _____

Maximum age: _____

7.4 [NEW] Statewide database:

Question	Response
Summer EBT agency responsible for maintaining the database:	
Does the Statewide database contain, at a minimum, the following fields? [7 CFR 292.12(c)(1)]	<input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> School/school district where enrolled <input type="checkbox"/> Mailing address <input type="checkbox"/> Individual free or reduced price eligibility status, as applicable <input type="checkbox"/> Any other information needed to issue benefits timely and with integrity, explain:
How will the Summer EBT agency use the statewide database to create the issuance file?	
Can the Summer EBT agency utilize the statewide database to check child enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Summer EBT agency conducting the enrollment check:	
How will the database be used to confirm that an applicant for Summer EBT is enrolled at an NSLP/SBP school [7 CFR 292.8(e)(7) , 7 CFR 292.12(e)(2)]?	

8. Customer Service Plan

8.1 Describe how you will provide customer service, including the following [[7 CFR 292.8\(e\)\(11\)](#); [7 CFR 292.15\(g\)](#)]:

Requirement	Response
Single point of contact for all customer service information and inquiries including a hotline and website.	Hotline: Website: Other (including the EBT processors Interactive Voice Recognition [IVR] system):
A plan to inform eligible households of the availability of Program benefits and the process to apply for benefits, if necessary.	
A simplified process for households to opt out of the program.	
The process to encourage and facilitate households to provide updated contact information for the purpose of receiving Summer EBT.	
The process for households to confirm eligibility status.	
The procedures the Summer EBT agency will implement to provide access to households experiencing homelessness and other vulnerable populations, e.g., children in foster care, children from households with limited English proficiency [7 CFR 292.8(e)(10)(vi) , 7 CFR 292.15(c)(1)(v)].	

9. Program violations and errors

9.1 Provide a plan for timely and effective action against program violators [[7 CFR 292.8\(e\)\(4\)](#), [7 CFR 292.25](#)]. If your Summer EBT mirrors or builds upon your SNAP, WIC or NAP process, you must still provide a description of the plan.

9.2 Describe the claims procedures for cases of erroneous payments in accordance with requirements at [7 CFR 292.27](#).

10. [Optional] – Give yourself some Kudos!

Tell us about something you’re doing that you’re proud of (e.g., improved program implementation, excellent customer service, implementing new systems/technologies).

11. **Summer EBT Agency Signatures** - The POM must be signed by the Summer EBT agency or agencies-designated official responsible for ensuring that the Program is operated in accordance with the POM.

TO BE COMPLETED BY THE SUMMER EBT AGENCY OR AGENCIES

COORDINATING AGENCY	PARTNERING AGENCY
By (Signature)	By (Signature)
Title	Title
Date	Date



TO BE COMPLETED BY THE FNS REGIONAL OFFICE

FNS REGIONAL DIRECTOR
By (Signature)
Title
Date