



GENERAL INFORMATION	
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Agency Code	Local Educational Agency (LEA) Name
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CEP CONTACT INFORMATION	
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CEP Contact Person <i>First & Last Name</i>	CEP Summer Contact Person <i>First & Last Name</i> (if different than contact)
Phone No. <i>Area Code/No.</i>	Phone No. <i>Area Code/No.</i>
Email Address	Email Address

CEP PARTICIPATION	
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With Community Eligibility Provision (CEP) being a four-year cycle provision, the School Nutrition Team at the Department of Public Instruction would like to know if schools who are currently participating in CEP will continue participating in CEP at the Year 1 established rate, or will choose to make changes to CEP participation.

Select from the following for SY 2024-25:

- ☐ **Continued participation in CEP in accordance with the current CEP Agreement, without change to participating schools or established Identified Student Percentage (ISP).**
- ☐ **There has been a significant change to the student population used to determine the current ISP, *such as schools being added or dropped, CEP and non-CEP schools merge*, which will require a recalculation of the Identified Student Percentage(s).**
- * Attach an updated CEP Eligibility Worksheet with information reflective of April 1, 2024, for schools included in the ISP that needs to be recalculated. If requested by DPI, a Student Roster** will also need to be submitted through a secure file transfer. Do NOT submit any rosters until DPI provides the secure file sharing information.
 - * Provide information in the following table to explain how the student population has or will change for SY 2024-25.
- ☐ **Request an increase to the Identified Student Percentage utilizing April 1, 2024, data.**
- * Attach an updated CEP Eligibility Worksheet to support the updated ISP. If requested by DPI, a Student Roster** will also need to be submitted through a secure file transfer. Do NOT submit any rosters until DPI provides the secure file sharing information.

School Code	School Name	ISP School/ Group No.	Reason for Change in the Student Population <i>Examples: CEP school closed, new school opened to include in the ISP, CEP and non-CEP school merged, etc.</i>

** Student Roster: This is the list of students enrolled at the site that have access to lunch and breakfast. This can also be the list of students run through Direct Certification and on the output match file by site code.

	CEP PARTICIPATION (cont'd)	
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☐ **Withdraw from CEP Participation and return to standard National School Lunch and School Breakfast Program counting/ claiming.**
Complete the following:

School Code	School Name	ISP School/ Group No.	Reason for Withdrawal <i>Examples: CEP school closed, not financially viable, etc.</i>

	SIGNATURE	
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BY SIGNING THIS INTENT FORM, I agree that the information provided above is correct and accurate and am aware than any changes to the student population that could affect the ISP(s) not reported, if discovered on an administrative review, could result in fiscal action.

Name of Public School District Superintendent or Nonpublic School Administrator

Phone No. *Area Code/No.*

Email Address

Signature of Public School District Superintendent or Nonpublic School Administrator

Date Signed *Mo./Day/Yr.*



DPI USE ONLY

Signature of Wisconsin Department of Public Instruction Representative

Date Signed *Mo./Day/Yr.*

