## SFA Accommodation Plan SY 2025-2026

Please select all categories of food that require an accommodation from the threshold requirement (i.e. exceeding 10 percent):

SFA Name:		
	Fruit	
	Vegetables	
	Fruit/Vegetable Juices	
	Cereals	
	Other, please specify	
Please select all that apply for reasons for the accommodation from the threshold		
requirement (i.e. exceeding 10 percent):		
	Timing of procurement cycle	
	Student preference/anticipated participation impacts	
	Items that help meet meal standards	
	Items that facilitate meal service models (e.g. grab n' go, Breakfast in the Classroom)	
	Other, please describe	
Please	e briefly describe the anticipated timeline to make modifications to meet the Buy	

American requirements (this could include timing of calculating the baseline percentage of non-domestic food purchases (or include the baseline percentage if available), obtaining documentation, and balancing the accommodation and exception process with making menu changes).

CANS Staff Signature:	
CANS Staff Name and Title:	
Date of Approval / Denial:	
Reason for Denial:	
Date Sent to SFA/Agency and Attached into iCAN:	