

NOTIFICATION TO THE COMMUNITY FORM – SNP8 for FY 2024

This is the Notification to the Community that _____
Name of Institution/Facility
 will send to: _____
Name of News Media, Grassroots Organization, Employment Security Division, Social Media, Outlets, etc.
 on _____. (These groups must be advised of program availability, any new programs or
Date
 changes in existing programs.)

NOTIFICATION TO THE COMMUNITY

_____ announced today its sponsorship of the USDA
Name of Institution/Facility
 Food Program. Meals will be available at no charge or at a reduced charge to enrolled persons
 at the participating institution listed below:

Institution/Facility Address: _____

Income Eligibility Guidelines effective from July 1, 2023 to June 30, 2024										
Reduced Price Meals						Free Meals				
HH Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519	18,954	1,580	790	729	365
2	36,482	3,041	1,521	1,404	702	25,636	2,137	1,069	986	493
3	45,991	3,833	1,917	1,769	885	32,318	2,694	1,347	1,243	622
4	55,500	4,625	2,313	2,135	1,068	39,000	3,250	1,625	1,500	750
5	65,009	5,418	2,709	2,501	1,251	45,682	3,807	1,904	1,757	879
6	74,518	6,210	3,105	2,867	1,434	52,364	4,364	2,182	2,014	1,007
7	84,027	7,003	3,502	3,232	1,616	59,046	4,921	2,461	2,271	1,136
8	93,536	7,795	3,898	3,598	1,799	65,728	5,478	2,739	2,528	1,264
Add for each addition	+9,509	+793	+397	+366	+183	+6,682	+557	+279	+257	+129

This chart is to be used by institutions, schools, centers, and sponsoring organizations to approve and categorize income eligibility applications for free and reduced-price meals.

This institution is an equal opportunity provider.