



## Food and Nutrition Service

U.S. DEPARTMENT OF AGRICULTURE

**DATE:** December 6, 2024

**POLICY NO:** FD-157: Commodity Supplemental Food Program (CSFP)

**SUBJECT:** Guidance for Submitting CSFP State Plan Amendments per 7 CFR 247.6

**TO:** Regional Directors  
Supplemental Nutrition Programs  
MARO, MPRO, MWRO, NERO, SERO, SWRO, and WRO  
  
State Directors  
CSFP State Agencies and Indian Tribal Organizations (ITOs)

This memorandum provides CSFP State agencies, including ITOs, with guidance on the submission of proposed amendments to CSFP State Plans under regulatory requirements. Per [7 CFR 247.6](#), State agencies must have an approved State Plan in place to operate CSFP. Once approved, State Plans are considered permanent.

Program regulations at [7 CFR 247.6\(a\)](#) outline that State agencies must submit proposed amendments to their State Plans to the appropriate FNS Regional Office, when necessary, to reflect changes in program operations or administration as described in the Plan, or at the request of FNS. This memorandum applies to State Plan amendment requests that are temporary (i.e. for a defined period of time) or permanent. This memorandum does not apply to new State Plans submitted by State agencies that are seeking to begin operating CSFP per [7 CFR 247.6\(b\)](#) or to requests for additional caseload via submission of a State Plan amendment. State agencies should refer to annual FNS communications regarding both new State Plans and additional caseload requests for guidance on those processes.

State Plan amendment requests must be submitted electronically to the appropriate FNS Regional Office for review. State Plan amendment requests may be submitted at any time. At

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a minimum, the following information must be included in a CSFP State Plan amendment request:

- A description of the requested change.
- A description of why the change is being requested.
- A description of the implications of the requested change, including if applicable any risks or program integrity concerns associated with the change identified by the State agency.
- Whether the request is temporary or permanent.
  - If temporary, a start and expiration date must be included.

Some examples of changes to a CSFP State Plan that would require an approved amendment include, but are not limited to, those listed below. Please see [7 CFR 247.6\(c\)](#) for a full list of requirements that must be included in a State Plan.

- Increases or decreases to income eligibility standards for CSFP participants;
- Other changes to eligibility requirements or processes for participants or local agencies;
- Changes in the process to verify the identity of participants before receipt of USDA Foods; and/or
- Any other changes that will have a noticeable effect on program participants, the State agency, local agencies, and/or the operation of the program by the State agency or local agencies.

Proposed changes to State Plans must comply with Federal statute and regulations. FNS Regional Offices will review State Plan amendment requests for compliance with existing Federal statute and regulations. The FNS Regional Office will provide notification of the approval or disapproval of the State Plan within 30 days of receipt and will notify the State agency within 15 days of receipt if additional information is needed.

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To assist CSFP State agencies with submitting State Plan amendment requests, an optional State Plan amendment request sample template is included with this memorandum as Attachment A.

State agencies should contact their respective [FNS Regional Office](#) with any questions about this memorandum.

***/Original Signature on File***

Sara Olson

Director

Policy Division

Supplemental Nutrition and Safety Programs

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**OMB Control Number:** 0584-0293, Expiration Date 08/31/2026

**Attachment A – Optional State Plan Amendment Request Sample Template for The Commodity Supplemental Food Program (CSFP) Consistent with 7 CFR 247.6**

Date Submitted:

State Agency:

State Agency Point of Contact (POC):

POC Email:

POC Phone Number:

**Consistent with 7 CFR 247.6:**

1. Provide a description of the proposed change, including a reference to the component of the State plan that will be updated. Please note that proposed changes to State plans must comply with all applicable Federal statute and regulations.
2. Provide a detailed description of why the change is being proposed.
3. Provide a description of the implications of the proposed change. Include details, if relevant, on the effects the change may have on program participants, the State agency, local agencies, the operation of the program by the State agency or local agencies, and if applicable, any risks or program integrity concerns.
4. Is this change temporary or permanent?
  - a. If temporary, provide the start and expiration date of the change.

**OMB Disclosure Statement:** When CSFP State agencies plan changes to their State Plans, they must submit amendments to their FNS Regional office for approval (7 CFR 247.6(d)).

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This is a mandatory collection of information and FNS will use the information to monitor and provide oversight to State agencies administering the program. The collection does not request personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this information collection is estimated to average 5.25 hours per response, including the time for reviewing instructions, gathering and providing the data needed, and completing, reviewing and submitting the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0293). Do not return the completed form to this address.

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