Authority: Section 9(b)(1) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)(1)(A)).

INCOME ELIGIBILITY GUIDELINES [Effective from July 1, 2018 to June 30, 2019]

	Federal poverty		Reduced	Price Meals	s—185%			Free	• Meals—13	0%	
Household size	guidelines	Annual	Monthly	Twice per	Every two	Weekly	Annual	Monthly	Twice per	Every two	Weekly
	Annual	,,		month	weeks	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			month	weeks	
		48 Cont	iguous Stat	es, District	of Columbia	, Guam, an	d Territories	1			
1	12,140	22,459	1,872	936	864	432	15,782	1,316	658	607	304
2	16,460	30,451	2,538	1,269	1,172	586	21,398	1,784	892	823	412
3	20,780	38,443	3,204	1,602	1,479	740	27,014	2,252	1,126	1,039	520
4	25,100	46,435	3,870	1,935	1,786	893	32,630	2,720	1,360	1,255	628
5	29,420	54,427	4,536	2,268	2,094	1,047	38,246	3,188	1,594	1,471	736
6	33,740	62,419	5,202	2,601	2,401	1,201	43,862	3,656	1,828	1,687	844
7	38,060	70,411	5,868	2,934	2,709	1,355	49,478	4,124	2,062	1,903	952
8	42,380	78,403	6,534	3,267	3,016	1,508	55,094	4,592	2,296	2,119	1,060
For each add'l family	,										
member, add	4,320	7,992	666	333	308	154	5,616	468	234	216	108
				,	∖laska						
1	15,180	28,083	2,341	1,171	1.081	54 1	19,734	1,645	823	759	380
2	20,580	38,073	3,173	1,587	1,465	733	26,754	2,230	1.115	1.029	515
3	25,980	48,063	4,006	2,003	1,849	925	33,774	2,815	1,408	1,299	650
4	31,380	58,053	4,838	2,419	2,233	1.117	40,794	3,400	1,700	1,569	785
5	36.780	68,043	5,671	2,836	2,618	1.309	47.814	3,985	1.993	1,839	920
6	42,180	78,033	6,503	3,252	3,002	1,501	54,834	4,570	2,285	2,109	1,055
7	47.580	88.023	7.336	3,668	3,386	1,693	61,854	5,155	2,578	2,379	1,190
8	52,980	98,013	8,168	4,084	3,770	1,885	68,874	5.740	2,870	2,649	1,325
For each add'l family	02,000	50,575	0,700	,,,,,,	0,,,,	.,	/ 00,07	٠,, ،,			,,,,,,
member, add	5,400	9,990	833	417	385	193	7,020	585	293	270	135
			1		lawaii						1
1	13,960	25,826	2.153	1,077	994	497	18,148	1,513	757	698	349
2	18,930	35,021	2,133	1,460	1,347	674	24.609	2.051	1.026	947	474
3	23,900	44,215	3.685	1,843	1,701	851	31,070	2,590	1,295	1,195	598
4	28,870	53,410	4,451	2,226	2,055	1,028	37,531	3,128	1,564	1,444	722
5	33,840	62,604	5,217	2,609	2,408	1,204	43.992	3,666	1.833	1,692	846
6	38,810	71,799	5,984	2,992	2,762	1,381	50,453	4,205	2,103	1,941	971
7	43,780	80.993	6.750	3,375	3,116	1,558	56,914	4,743	2,372	2,189	1.095
8	48,750	90,188	7.516	3,758	3,469	1,735	63,375	5.282	2,641	2,438	1,219
For each add'l family	10,700	55,155	1,510	0,700] 5,130	1,,,50	35,575	0,202	2,011	2,.00	.,
member, add	4,970	9,195	767	384	354	177	6,461	539	270	249	125

Dated: April 18, 2018.

Brandon Lipps,

Administrator, Food and Nutrition Service. [FR Doc. 2018–09679 Filed 5–7–18; 8:45 am] BILLING CODE 3410–30–P

DEPARTMENT OF AGRICULTURE

Natural Resources Conservation Service

[Docket No. NRCS-2018-0002]

Lick Creek Watershed, Russell, Dickenson and Wise Counties, Virginia

AGENCY: Natural Resources Conservation Service, USDA.

ACTION: Notice of intent to deauthorize federal funding.

SUMMARY: Pursuant to the Watershed Protection and Flood Prevention Act of 1954 and the Natural Resources Conservation Service (NRCS) Guidelines, NRCS gives notice of the intent to deauthorize Federal funding for the Lick Creek Watershed project, Russell, Dickenson and Wise Counties, Virginia.

DATES: Interested persons are invited to submit comments within 60 days of this notice being published in the **Federal Register**.

ADDRESSES: Comments submitted in response to this notice should be sent to John Bricker, VA State Conservationist, 1606 Santa Rosa Road, Suite 209, Richmond, Virginia 23229. Telephone: (804) 287–1691 or email: Jack.Bricker@va.usda.gov.

FOR FURTHER INFORMATION CONTACT: For specific questions about this notice, please contact Wade Biddix, (804) 287–1675 or Wade.Biddix@va.usda.gov.

SUPPLEMENTARY INFORMATION: A determination has been made by John Bricker, NRCS State Conservationist in Virginia that the proposed works of improvement for the Lick Creek Watershed project will not be installed. The sponsoring local organizations have concurred in this determination and agree that Federal funding should be deauthorized for the project. Information regarding this determination may be obtained from John Bricker, NRCS State Conservationist in Virginia at the above address and telephone number.

No administrative action on implementation of the proposed deauthorization will be taken until 60 days after the date of this publication in the Federal Register.

[Catalog of Federal Domestic Assistance Program No. 10.904, Watershed Protection and Flood Prevention. Executive Order 12372 regarding State and local clearinghouse review of Federal and federally assisted programs and project is applicable]

2017-2018 Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Definition of Household Member: "Anyone who is living with you and shares eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information. false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws." "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give income and expenses, even if not related." Street Address (if available) children who meet the Children in Foster care and Flip the page and review the charts titled "Sources of Income" for more Migrant or Runaway are definition of Homeless, Are you unsure what income to include here? you with the All Adult Household Members STEP 2 The "Sources of Income for Adults" chart will help Income section. help you with the Child for Children" chart will information. SEF3 The "Sources of Income STEP 4 Report Income for ALL Household Members (Slop this step if you answered "Yes" to STEP 2) The any disustensia well a Contact information and adult signature. ₩ NO for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report. Sometimes children in the household earn or receive income. Please include the TOTAL income received by all A. Child Income Child's First Name List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) Total Household Members (Children and Adults) Household Members listed in STEP 1 here. Name of Aduit Household Members (First and Last) All Adult Household Members (including yourself) Go to STEP 3. es (including you) currently Apt# Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE If YES > 69 69 Primary Wage Earner or Other Adult Household Member Last Four Digits of Social Security Number (SSN) of Earnings from Work Write a case number here then go to STEP 4 (Do not complete STEP 3) City = Child's Last Name Weekly Bi-Weekly 2x Month How often? 0 Monthly State 69 Child Support/Alimony Public Assistance/ × ն \times \times \times Weekly 4 × Child income Bi-Weekty TANK OF TURKS How often? Case Number: Daytime Phone and Email (optional) 2x Month Monthly Weekly Bi-Weekly 2x Month Check if no SSN How often? 69 49 69 60 Grade Pensions/Retirement/ All Other Income Write only one case number in this space Yes Student? Weekly 공 Bi-Weekly 2x Month Check all that apply Foster Child Migrant, Runaway Monthly

Printed name of adult signing the form

Signature of adult

⊺oday's date

			OF HOWAL
		c Identifies	
	allowances for off-base housing, food and clothing	 A child receives regular income from a private pension fund, annuity, or trust 	-Income from any other source
 Alimony payments Child support payments Veteran's benefits Strike benefits 	- Basic pay and cash bonuses (do NOT include combat pay,	 A friend or extended family member regularly gives a child spending money 	-Income from person outside the household
Income (SSI) - Cash assistance from State or local government	employment (farm or business) If you are in the U.S. Military:	 A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	 Social Security Disability Payments Survivor's Benefits
 Unemployment benefits Worker's compensation Supplemental Security 	 Salary, wages, cash bonuses Net income from self- 	 A child has a regular full or part-time job where they earn a salary or wages 	- Earnings from work
Alimony / Child Support	Earnings from Work	Example(s)	Sources of Child Income
Sources of Income for Adults	(0)	Sources of Income for Children	Sources of Inco

Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Not Hispanic or Latino

Ethnicity (check one): Race (check one or more): behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary signs the application. The last four digits of the social security number is not required when you apply on meals. You must include the last four digits of the social security number of the adult household member who not have to give the information, but if you do not, we cannot approve your child for free or reduced price The Richard B. Russell National School Lunch Act requires the information on this application. You do Hispanic or Latino American Indian or Alaskan Native Asian Black or African American available in languages other than English. Native Hawaiian or Other Pacific Islander

disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations administering USDA programs are prohibited from discriminating based on race, color, national origin, sex,

program reviews, and law enforcement officials to help them look into violations of program rules nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for the lunch and breakfast programs. We MAY share your eligibility information with education, health, and determine if your child is eligible for free or reduced price meals, and for administration and enforcement of member signing the application does not have a social security number. We will use your information to (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations

> through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA Persons with disabilities who require alternative means of communication for program information (e.g. Braille,

White

Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mai: ίaΧ email: This institution is an equal opportunity provider. program.intake@usda.gov. (202) 690-7442; or U.S. Department of Agriculture 1400 Independence Avenue, SW Washington, D.C. 20250-9410 Office of the Assistant Secretary for Civil Rights

Veniying Official Salghature	Date Confirming Official's Signature Date	Description of the second
	Categorical Eligibility	
	Weekly Baweekly 2x Month Monthly Household Size	Total Income
Free Reduced Denied	How often?	
Eligibility:	Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12	nual income Conver