

**SCHOOL AND COMMUNITY NUTRITION**

**FOOD SERVICE FUNDS REQUEST FOR APPROVAL OF CAPITAL FOOD SERVICE EQUIPMENT EXPENDITURES**

(Rev. 01-19)

**INSTRUCTIONS:** Complete all fields and email to: [SCNFINANCE@DOE.IN.GOV](mailto:SCNFINANCE@DOE.IN.GOV)

# This form constitutes proof of request for prior approval as required by 2 CFR Part 225, Appendix B, Section

**15**. Keep this information in your program records for five (5) years plus the current year and have it available for the next Administrative Review of your school nutrition programs.

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|  | | | | | **GENERAL INFORMATION** | | | |  | | | | |
| Sponsor Number: | School Food Authority (SFA) Name | | Contact Person *First & Last Name* | | | | Position | | | Phone No. *Area/No./Ext.* | | Email Address | |
| What is the SFA's Capitalization Threshold for Equipment Purchases? | | Does This Request Exceed SFA's Capitalization Threshold or $5,000?  Yes  No | | | | | | Request Includes Equipment Found on the IDOE Preapproved Equipment List | | | | | |
| Yes  No | | | If yes to this question, request form **is not** needed. | | |
| Does This Request Meet the Federal Regulations 2 CFR Part 225 (OMB Circular A‐87) Appendix B, Section 15? *See reference on next page.*  Yes  No | | | | | | Does This Request Meet the Program Regulations Located at 7 CFR Parts 210.14 (a)? *See reference on next page.*  Yes  No | | | | | | | If the answer is “No” to either of these two questions, the request is not allowable. |
| Will This Purchase be Used to Benefit Any Program Other Than the School Nutrition Programs?  Yes, *If yes, enter the percentage used by each program*.  No | | | | School Nutrition Programs Percent | | | Other Programs Percent | | Describe Other Programs | | | | |
| Will this improvement add to the permanent value of the property or appreciably prolong intended life.  Yes  No | | | |  | | |  | |  | | | | |
| Is this renovation necessary to keep the equipment maintained in good working condition?    Yes  No | | | |  | | |  | |  | | | | |
|  | | | | | **SIGNATURES** | | | |  | | | | |

**I CERTIFY,** as the authorized representative listed below, that to the best of my knowledge, the information on this form is complete, accurate, and is not misleading in any respect.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Authorized Representative *Print First & Last Name* | | | | Title | | | | | Signature of Authorized Representative   | | | | Date Signed | | | *Mo./Day/Yr.* | |
|  | | | | | **REQUESTED EQUIPMENT** | | | | |  | | | | | | | |
| **Sponsor**  **No.** | **School Food Authority Name** | **Equipment** | **Procurement Method Used** | **Quantity** | | **Expected Cost** | **Total** | **Additional Funding Source (If applicable)** | **Replacement** | | **\* Check If Emergency Purchase** | **Anticipated Purchase Date** *Mo./Day/Yr.* | | **Approved by IDOE** | | |
|  |  |  |  |  | |  | $0.00 |  |  |  |  |  | |  |  | |
|  |  |  |  |  | |  | $0.00 |  |  |  |  |  | |  |  | |
|  |  |  |  |  | |  | $0.00 |  |  |  |  |  | |  |  | |
|  |  |  |  |  | |  | $0.00 |  |  |  |  |  | |  |  | |
|  |  |  |  |  | |  | $0.00 |  |  |  |  |  | |  |  | |

Briefly explain the reason for the renovation:

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Briefly outline plan and identify building location of request (If additional space is needed, attached another page). Also, attach a copy of your School Food Authority’s (SFA) Captialization Policy:

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\*The above-requested equipment is considered an Emergency Purchase if purchase is necessary to continue providing, without significant interruption, meals for students.

# Attach a copy of the specifications for each piece of equipment identified above.

Note that all allowable expenses are subject to all of the cost principles in 2 CFR Part 225, Appendix A; failure to abide by Appendix A will result in the expenditure being disallowed and the Local Education Agency’s (LEA’s) general fund reimbursing the nonprofit school food service account (School Meals Program Fund). Furthermore, if the replaced items are to be sold, federal regulations require that you use the proceeds from their disposal to offset the cost of the new items.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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|  | **FEDERAL REGULATIONS** |  |

Federal regulations 2 CFR Part 225 (OMB Circular A‐87) Appendix B, Section 15. See page 51917: <http://www.whitehouse.gov/sites/default/files/omb/assets/omb/fedreg/2005/083105_a87.pdf>

COMMENTS:

Program regulation 7 CFR Parts 210.14(a): §210.14 Resource management. (a) Nonprofit school food service. School food authorities shall maintain a nonprofit school food service. Revenues received by the nonprofit school food service are to be used only for the operation or improvement of such food service, except that, such revenues shall not be used to purchase land or buildings, unless otherwise approved by FNS, or to construct buildings. Expenditures of nonprofit school food service revenues shall be in accordance with the financial management system established by the state agency under §210.19(a) of this part. School food authorities may use facilities, equipment, and personnel supported with nonprofit school food revenues to support a nonprofit nutrition program for the elderly, including a program funded under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.).

Date of Review *Mo./Day/Yr.*

Reviewed By

**IDOE USE ONLY**

Approved/Denied By: