



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
GOVERNOR

BRIAN J. WHISTON
STATE SUPERINTENDENT

**EXCESS FUNDS FORM
PLAN OF ACTION**

Agency Name: _____

Agency Agreement #: _____

Agencies with excess funds remaining at the end of the school year should use the funds for allowable expenses, such as improving feeding sites or food preparation facilities, improving the food quality or expenses related to Child Nutrition Programs operated by the agency.

**Complete this form with your plan of action, sign, date and upload within two (2) weeks of MDE's notification letter
Agency MUST Upload this form to GEMS/MARS**

| EXCESS FUNDS ITEMIZED LIST – Attach additional sheets if necessary | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| In the space provided below, identify the areas in which excess funds will be spent for the 2017-2018 school year for the Child Nutrition Programs. | |
| Excess Funds Balance: (fill in amount) \$ | |
| Item(s) to be purchased | Estimated Cost |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | |

By signing this form, I certify that to the best of my knowledge and belief, this information is true and correct in all respects and that records are available to support this statement if requested. I certify there were excess funds at the end of the school year and the funds will be used by June 30, 2018, as identified in the form above.

Signature of Certifying Official
(Cannot be an FSMC employee)

Date

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