

Michigan Department of Education
 School Nutrition Programs
 Nonprofit School Food Service Funds - Fund 25
 Request for Approval for Equipment and Other Capital Expenditures

District Name: _____

District Number: _____

Address: _____

Contact Person: _____

City: _____

Zip: _____

Telephone Number: _____

Email Address: _____

Vendor Awarded Bid: _____

Briefly outline plan and identify building location of request (If additional space is needed, attach another page). Attach a copy of the School Food Authority's (SFA) Capitalization Policy.

Item Description	Emergency Purchase	Quantity	Unit Price	Total	Paid by SFA	MDE USE APPROVAL
			Total Amount			

What is the SFA's Capitalization Policy limit for equipment purchases?					
Does this request exceed SFA's Capitalization Policy limit or \$5,000?				<input type="checkbox"/> Y	<input type="checkbox"/> N
Does this request meet the Federal Regulations located at 2 CFR Part 200? See Addendum				<input type="checkbox"/> Y	<input type="checkbox"/> N
As the Authorized Representative, I attest to reading the attached Addendum and being in compliance with the guidance contained therein.				<input type="checkbox"/> Y	<input type="checkbox"/> N
Does this request meet the Program Regulations located at 7 CFR Parts 210.14(a)? See Addendum.				<input type="checkbox"/> Y	<input type="checkbox"/> N
As the Authorized Representative, I attest to reading the attached Addendum and being in compliance with the guidance contained therein.				<input type="checkbox"/> Y	<input type="checkbox"/> N
Will this purchase be used to benefit any program other than the school food service?				<input type="checkbox"/> Y	<input type="checkbox"/> N
If yes, fill in percentages	School Meals Program		All other programs	Used "EXCLUSIVELY" for CNP	

Is the cafeteria used for other programs/non meal activities?				<input type="checkbox"/> Y	<input type="checkbox"/> N
If yes, fill in percentages	School Meals Program		All other programs		

The above requested equipment designated as an Emergency Purchase is necessary in order to continue, without significant interruption, the providing of meals for students under the School Nutrition Programs.	<input type="checkbox"/> Y	<input type="checkbox"/> N
The Authorized Representative certifies that to the best of their knowledge, the information on this form is complete, accurate, free from any misstatements, and is not misleading in any respect.	<input type="checkbox"/> Y	<input type="checkbox"/> N

Signature of Authorized Representative and Date

Print Name and Title

Please note that all allowable expenses are subject to all of the cost principles in 2 CFR Part 200; failure to abide by 2 CFR Part 200 will result in the expenditure being disallowed and the Local Educational Agency's (LEA's) general fund reimbursing the nonprofit school food service account (NSFSA). Furthermore, if the replaced items are to be sold, federal regulations require the proceeds from their disposal are used to offset the cost of the new items.

This form constitutes proof of prior approval as required by 2 CFR Part 200, section 439.

Keep this in your records for your 3-Year Administrative Review.

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<https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>

This form can be faxed to 517-241-5376 or emailed to mde-fiscal@michigan.gov