**School Nutrition Program**

**CAPITAL EXPENDITURE PRE-APPROVAL REQUEST FORM**

*PLEASE NOTE THAT THIS FORM IS NOT ASSOCIATED WITH NSLP EQUIPMENT ASSISTANCE GRANT.*

This form is to be completed for each piece of equipment that qualifies for State approval.

<table>
<thead>
<tr>
<th>School District:</th>
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<tbody>
<tr>
<td>SFA Contact:</td>
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<tr>
<td>Address:</td>
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<td>Telephone Number:</td>
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<td>Email:</td>
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School Food Authorities (SFAs) participating in the National School Lunch Program (NSLP) must observe USDA Federal limitations on the use of school nutrition funds (7 CFR § 210.9[b][1]); expend School Nutrition Program revenues in accordance with 2 CFR 225, Appendix B, section 15; follow generally accepted accounting principles (7 CFR §210.14[a]); and adhere to procurement procedures defined in 7 CFR §210.21 and 2 CFR 200.

**Description of Capital Expenditure:**

**Justification for Purchase:**

(Will increase participation by..., will expand productivity by...)

**Anticipated Acquisition Cost** *(including accessories):*

$  

**Percentage of School Nutrition Funds to be used:**

*If the capital expenditure price exceeds 10% of the anticipated cost after the bid is awarded, the approval will become null and void, and the purchase must be re-assessed by the State Agency before the transaction is completed.*

Please read and initial the box next to each of the following statements:

- I certify that the above referenced expenditure is necessary and reasonable for proper and efficient performance and administration of the National School Lunch Program (NSLP).
- I certify that the above referenced expenditure is allocable to the NSLP.
- I certify that the above referenced expenditure is not included as a cost or used to meet cost sharing or matching requirements of any other federal award.
- I certify that the above referenced expenditure will be properly procured and is cost effective with regards to the SFA’s current financial status.
- I certify that, if approved, I will provide School Nutrition Program Administration with a copy of the paid invoice(s), delivery receipt, voided check, and equipment number(s) upon request.

**SFA Representative**

(Print):  

Signature:  

Title:  

Date:  

This document will be reviewed and approved within 14 business days.

**GaDOE School Nutrition Program use only:**

<table>
<thead>
<tr>
<th>Signature of FBU Reviewer:</th>
<th>Date:</th>
<th>Approved Financial Status</th>
<th>Declined Financial Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Procurement Reviewer:</td>
<td>Date:</td>
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</table>

Determination:  

- Approved
- Returned for modification
- Denied (See email for explanation)

Method of Return:  

- E-mail
- Mail