



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.	
School District:	
SFA Contact:	
Address:	
Telephone Number:	
Email:	

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:											
Signature of FBU Reviewer:		Date:		<input type="checkbox"/>	Approved Financial Status	<input type="checkbox"/>	Declined Financial Status				
Signature of Procurement Reviewer:				Date:							
Determination:	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Returned for modification	<input type="checkbox"/>	Denied (See email for explanation)	Method of Return:	<input type="checkbox"/>	E-mail	<input type="checkbox"/>	Mail

School Nutrition Program
Georgia Department of Education
May 2019
Richard Woods, Georgia School Superintendent
This institution is an equal opportunity provider.