



STATE OF MAINE
DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, ME 04333-0023

JANET T. MILLS
GOVERNOR

A. PENDER MAKIN
COMMISSIONER

EQUIPMENT PURCHASE/CAPITAL EXPENDITURE PRE-APPROVAL REQUEST FORM

School Food Authority Name:	
Address:	
Telephone number:	
Contact Name & Title:	

School Food Authorities (SFAs) participating in the National School Lunch Program (NSLP) must observe both federal and State limitations on the use of cafeteria funds (7 CFR § 210.9 [b][1]); expend nonprofit food service revenues in accordance with 2 CFR Parts 225 and 230; 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 the anticipated capital expenditure:			
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Acquisition cost*:	\$	Percentage of Child Nutrition funds to be used:	%
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*Acquisition cost means the cost of the asset, including the cost of any modifications, attachments, accessories or auxiliary apparatus necessary to make it useable for the purpose for which it is required.

Please read and initial the box next to each statement.

<input type="checkbox"/>	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).
<input type="checkbox"/>	I certify that the above referenced expenditure is allocable to the NSLP.
<input type="checkbox"/>	I certify that the above referenced expenditure is accorded consistent treatment.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I certify that the above referenced expenditure is the net of all applicable credits.
<input type="checkbox"/>	I certify that if approved, I will provide Child Nutrition Program Administration with a copy of the paid invoice(s), delivery receipt, canceled check and equipment number(s) upon request.

SFA Representative: <i>Print full name</i>			
Signature :		Title:	
Date:			
MEDOE USE ONLY			
Approved By:		Date:	

Please scan and e-mail the form to child.nutrition@maine.gov