



## Capital Expenditure Pre-Approval Request Form

School Food Authority (SFA): \_\_\_\_\_ CTD#: \_\_\_\_\_

Date: \_\_\_\_\_

### Description of the anticipated capital expenditure

All Capital Expenditures must comply with 2 CFR 200 and USDA Program regulations (7 CFR Part 210, Part 215, Part 220 and other federally funded programs), guidance, and instructions.

### Total costs of the capital expenditure, including any acquisition costs

Acquisition cost is the cost of the asset including the cost to put it in place. For example, the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired.

**Please read and check the box next to each statement**

**I certify that the above referenced capital expenditure is necessary and reasonable for proper and efficient performance and administration of the National School Lunch and Breakfast Programs**

**I certify that the above referenced capital expenditure is allocable to the Federal award.**

A cost is allocable to a cost objective if the goods or services involved are chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received.

**I certify that the above referenced capital expenditure is accorded consistent treatment.**

A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purposes in like circumstances has been allocated as an indirect cost.

**I certify that the above referenced capital expenditure is not included as a cost or used to meet cost sharing or matching requirements of any other Federal award.**

A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purposes in like circumstances has been allocated as an indirect cost.

**I certify that the above referenced capital expenditure is the net of all applicable credits.**

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized School Nutrition Programs Representative

\_\_\_\_\_  
Date