**Capital Expenditure Pre-Approval Request Form**

Please scan & e-mail completed form to [schoolmeals@k12.wa.us](mailto:schoolmeals@k12.wa.us) or fax to (360) 664-9397

2 CFR 200 (Subpart E – Cost Principles), 2 CFR 200.439 requires local education agencies to receive prior approval from Child Nutrition Services for equipment purchases that are not on the approved list.

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**LEA Name** *(Name of your District/Non-Profit/Center/etc.)*

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**Description of capital expenditure/equipment to be purchased**

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**Acquisition cost of capital expenditure** *(Acquisition cost means the cost of the equipment, including the cost to put it in place. For example, the net invoice price of the equipment, including the cost of installation, labor, freight, delivery, and tax, to make it usable for the purpose for which it is acquired.)*

| Please read and check the box next to each statement below.  **I certify that the above-referenced capital expenditure is necessary and reasonable for proper and efficient performance and administration of the Child Nutrition Program.**  **I certify that the above-referenced capital expenditure is an allowable and allocable cost to the non-profit school food service account.**  **I certify that the above-referenced capital expenditure is a direct cost to the non-profit school food service account treated similarly throughout the LEA.**  **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.**  **I certify that the acquisition cost of the above-referenced capital expenditure is the net of all discounts, refunds, rebates, etc.** |
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**LEA Representative** (Print full name)

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**Signature Date**

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**E-mail Address Phone Number**

| **CNS USE ONLY** | | | | |
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| Approved by: |  |  |  |  |
|  | **Child Nutrition Services Director** |  | **Date** |  |