



**MISSISSIPPI
DEPARTMENT OF
EDUCATION**

Office of Child Nutrition
500 Greymont Avenue, Suite F
Jackson, MS 39202
(601) 576.5000 Fax (601) 354.7595
www.mdek12.org/OCN

CAPITAL EXPENDITURE/ EQUIPMENT PURCHASE REQUEST FORM

School Food Authority/ Sponsoring Organization Name:	
Address:	
Telephone number:	
Contact Name & Title:	
Vendor Name and Contract Number (if using Mississippi approved supplier)	

School Food Authorities (SFAs) and Sponsoring Organizations (SOs) in the Child Nutrition Programs (CNP) must observe both federal and State limitations on the use of reimbursement funds; expend nonprofit food service revenues in accordance with 7 CFR Parts 210, 220, and 225; follow generally accounting principles; and adhere to procurement procedures defined in 2 CFR Part 200.

Description, purpose, and justification of the anticipated capital expenditure. Explain why this purchase should or should not be shared with the Local Education Agency. Attach copy of agreement, if applicable.	
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Acquisition cost*:	\$	Percentage of Child Nutrition funds to be used:	%
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**Acquisition cost means the total cost of the asset, including the cost of installation and any modifications, attachments, accessories, or auxiliary apparatus necessary to make it useable for the purpose for which it is required. Freight and shipping charges shall be included.*

Please read and initial the box next to each statement.

<input type="checkbox"/>	I certify that the above referenced expenditure is necessary, reasonable, and allocable for proper and efficient performance and administration of the CNP and will be conducted in a manner providing full and open competition consistent with the standards of 2 C.F.R. § 200.318 through 200.327.
<input type="checkbox"/>	I certify that the above referenced expenditure will not be used to purchase land, acquire, or construct buildings, or make alterations to existing buildings that materially increase the value of capital assets.
<input type="checkbox"/>	I certify that the above referenced expenditure is for the exclusive use of the CNP and if it is not, the applicable portion has been prorated and recorded as an addendum to this document.
<input type="checkbox"/>	I certify that the above referenced expenditure is the net of all applicable credits.
<input type="checkbox"/>	I certify that I will maintain all records as required by 2 C.F.R. § 200.334 sufficient to detail the history of the procurement. These records will include, but are not necessarily limited to, the following: Rationale for the method of procurement, selection of contract type, contractor selection or rejection, justification of proration, and the basis for the contract price.

SFA/ SO Authorized Representative: <i>Type full name</i>	
Signature:	Title:
Date:	
OCN USE ONLY	
Approved By:	Date:

Please e-mail the completed form and supporting documents to your program specialist.

This institution is an equal opportunity provider.