

# Three-Month Average Expenditures in Nonprofit School Food Service Account Spend Down Plan

School District Name: \_\_\_\_\_

In accordance with 7 CFR 210.14(b), this notification and request is for approval for a Spend Down Plan or to retain an excess balance in our Nonprofit School Food Service Account (NSFSA). As of [date]\_\_\_\_\_, our account balance exceeds the allowable three-month average operating expenses.

1. School Year ending June 30, 2025 Fund Balance:\_\_\_\_\_

2. Balance of Excess Funds to waive to the following School Year:\_\_\_\_\_

a. Justification/Reason:

3. Amount of Excess Balance Funds planned to be used this School Year:\_\_\_\_\_

a. List the planned purchases and cost below for approval or attached:

Item Description:

Cost:


I certify that all purchases will follow state and federal regulations regarding proper procurement and that funds will only be expended on allowable purchases.

Name of Authorized Sponsor Representative Submitting Form: \_\_\_\_\_

Signature of Authorized Sponsor Representative Submitting Form: \_\_\_\_\_

Title Authorized Sponsor Representative Submitting Form: \_\_\_\_\_

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

## STATE AGENCY USE ONLY

Signature of Approving Official:\_\_\_\_\_ Date Approved: \_\_\_\_\_

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