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| EED_logo_color | **Capital Expenditure**  **Pre-Approval Request** | CNP_jpeg |

**Sponsor Name** *(this is the name of District, Non-Profit, etc.)*

**Description of the anticipated capital expenditure** *Refer to paragraph 15, Equipment and other capital expenditures, of the applicable OMB Circulars (A-87 or A-122)*

**The acquisition cost of the anticipated capital expenditure**

*Acquisition cost means 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, or auxiliary apparatus necessary to make it usable* *for the purchase for which it was acquired. Transportation costs not included.*

**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 allocable to the Federal award.**

A cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable 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 purpose 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.**

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

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

**Sponsor Representative** (Print full name)

**Signature Date**

**Work E-Mail Address Work Phone Number Ext.**

**CNP USE ONLY**

Approved By:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_