

Michigan Department of Education
School Nutrition Programs
Nonprofit School Food Service Funds - Fund 25
Request for Approval for Equipment and Other Capital Expenditures

District Name: Livonia Public Schools

District Number: 82095

Address: 15125 Farmington Rd

Contact Person: Pat Schuchardt

City: Livonia Zip: _____

Telephone Number: 734-744-2820

Email Address: pschucha@livoniapublicschools.org

Vendor Awarded Bid: RESA-CoPro

Briefly outline plan and identify building location of request (If additional space is needed, attach another page). Attach a copy of the School Food Authority's (SFA) Capitalization Policy.

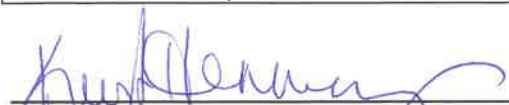
This is s RESA cooperative bid. Various buildings will get ovens and milk coolers

Item Description	Emergency Purchase			Quantity	Unit Price	Total	Paid by SFA	MDE USE	
								APPROVAL	
Double Stack -Gas				2	\$ 6,160.00	\$ 12,320.00			
Double Stack-Electric				6	\$ 5,985.00	\$ 35,910.00			
Convention Oven single				5	\$ 3,310.00	\$ 16,550.00			
16 case milk coolers				11	\$ 3,795.00	\$ 41,745.00			
Installation				24	\$ 5,810.00	\$ 5,810.00			
						\$ 0.00			
						\$ 0.00			
						\$ 0.00			
						\$ 0.00			
						\$ 0.00			
Total Amount						\$ 112,335.00	\$ 1,123,350.00		

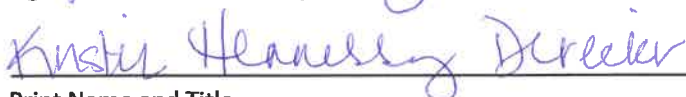
What is the SFA's Capitalization Policy limit for equipment purchases?				\$24459	
Does this request exceed SFA's Capitalization Policy limit or \$5,000?				<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Does this request meet the Federal Regulations located at 2 CFR Part 200? See Addendum				<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
As the Authorized Representative, I attest to reading the attached Addendum and being in compliance with the guidance contained therein.				<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Does this request meet the Program Regulations located at 7 CFR Parts 210.14(a)? See Addendum.				<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
As the Authorized Representative, I attest to reading the attached Addendum and being in compliance with the guidance contained therein.				<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Will this purchase be used to benefit any program other than the school food service?				<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
If yes, fill in percentages	School Meals Program		All other programs	<input type="checkbox"/> Used "EXCLUSIVELY" for CNP	

Is the cafeteria used for other programs/non meal activities?					<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
If yes, fill in percentages	School Meals Program		All other programs			

The above requested equipment designated as an Emergency Purchase is necessary in order to continue, without significant interruption, the providing of meals for students under the School Nutrition Programs.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
The Authorized Representative certifies that to the best of their knowledge, the information on this form is complete, accurate, free from any misstatements, and is not misleading in any respect.	<input type="checkbox"/> Y	<input type="checkbox"/> N



Signature of Authorized Representative and Date



Print Name and Title

Please note that all allowable expenses are subject to all of the cost principles in 2 CFR Part 200; failure to abide by 2 CFR Part 200 will result in the expenditure being disallowed and the Local Educational Agency's (LEA's) general fund reimbursing the nonprofit school food service account (NSFSA). Furthermore, if the replaced items are to be sold, federal regulations require the proceeds from their disposal are used to offset the cost of the new items.

This form constitutes proof of prior approval as required by 2 CFR Part 200, section 439.

Keep this in your records for your 3-Year Administrative Review.

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<https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>

This form can be faxed to 517-241-5376 or emailed to mde-fiscal@michigan.gov