

Nutrition Education Expenditure Assessment

Please type or print when completing form.

District/Agency Name				CNIPS ID	
Mailing Address	City	State	ZIP Code	E-mail Address	
Primary Contact		Title		Phone Number	Fax Number

A school food authority (SFA) planning to use revenues from their nonprofit foodservice account (cafeteria fund) for nutrition education materials or activities must obtain California Department of Education (CDE) approval prior to incurring this expenditure. The proposed cost must be:

1. Reasonable, necessary, and allocable in accordance with federal and state laws and regulations
2. In compliance with the meal pattern requirements and support the operation and improvement of the school food service.

To request approval: SFAs must complete and submit this form at least **three months** prior to the anticipated cafeteria fund expenditure to the CDE as stated below. The CDE will review each request and then notify the SFA of approval or denial by e-mail.

Return completed form by: Fax: 916-319-0122
 E-Mail: NutrEdExpenditure@cde.ca.gov
 Postal Mail:

Nutrition Education Expenditure Request, TEAMU
 Nutrition Services Division
 California Department of Education
 1430 N Street, Suite 4503
 Sacramento, CA 95814

If you have any questions regarding this form, please send an e-mail to NutrEdExpenditure@cde.ca.gov.

CDE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comment:
Reviewed by:		Date
<input type="checkbox"/> NSD copy retained <input type="checkbox"/> Child Nutrition Payment and Information System (CNIPS) Note <input type="checkbox"/> Copy sent to school _____		

District/Agency Name	CNIPS ID
----------------------	----------

Nutrition Education Expenditure Assessment Form

Prequalifying conditions: Questions 1–3 ensure that before spending cafeteria fund revenues on nutrition education materials or activities, the SFA is addressing the needs of the food service operation and is compliant with all National School Lunch Program (NSLP) and School Breakfast Program (SBP) meal pattern requirements. **Note that the purchase of land or buildings, or construction of a building, with cafeteria funds is not allowable.**

1. Is equipment for food preparation current and in good working order?
 Yes No

2. Is the point-of-service system up to date?
 Yes No Not Applicable

3. Is your agency in compliance with all NSLP and SBP meal pattern requirements?
 Yes No

Please explain if your answer to any of the above questions is **No**: _____

Proposed expenditure:

4. What nutrition education materials or services do you want to buy and what is the estimated cost? Please attach a spreadsheet per project providing the information shown in the example below:

Example: Project #1, Food Samples for Taste Testing (Title)

Item(s)	Description	Quantity	Unit Cost \$	Total Cost \$
Example: Samples for taste testing	Food samples	# of food samples	Cost per food sample	
	Labor to prepare food samples	# of hours	Cost per hour	
Total funds requested: \$				

Justification: Please provide thorough answers to the following questions. You may attach additional pages if you need more space for your justification.

5. Please explain how this nutrition education material or service will directly benefit or improve the nonprofit school food service.
(Share citations and data from any available studies that provide evidence to support that the proposed expenditure will help improve food service operations. Please include a copy of the citations or data, or a URL that links to the citation or data on the Web.)

6. Is the purchase of the proposed nutrition education material or service **necessary** to achieve the benefit or improvement in response to Question 6? Yes No

Please explain: _____

7. Have you explored free alternatives? Yes No

If you have, please provide examples: _____

Why did the free alternative not satisfy your programmatic needs? _____

If you have not, why? _____

8. Have you explored using volunteers to provide this service? Yes No

Please explain: _____

9. Would the proposed expenditure redirect cafeteria funds away from supporting food service operation staff time and thus negatively affect the delivery of the school meal service? Yes No

Please explain: _____

10. What additional information would you like to provide that supports your request?

Please summarize why the proposed expenditure should be approved:

Name and Title of Person Completing this Form		Phone Number
Signature	Date	E-mail Address

