



Washington Office of Superintendent of
PUBLIC INSTRUCTION

Capital Expenditure Pre-Approval Request Form

Please scan & e-mail completed form to CNSFiscalServices@k12.wa.us or fax to (360) 664-9397

2 CFR 200 requires Local Education Agencies to receive prior approval from OSPI Child Nutrition Services for capital expenditures exceeding \$10,000 that are not on the [pre-approved list](#).

Local Education Agency (LEA) Name

Total acquisition cost of capital expenditure – Please attach supporting cost documentation. (*Acquisition cost means the cost of the equipment, including the cost to make it usable for the purpose for which it is acquired. For example, the net invoice price of the equipment, including the cost of installation, labor, freight, delivery, and tax.*)

Description of capital expenditure/equipment to be purchased

Please read and check the box next to each statement below.

- ☐ 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 an allowable and allocable cost to the non-profit school food service account.
- ☐ I certify that the above-referenced capital expenditure is a direct cost to the non-profit school food service account treated similarly throughout the LEA.
- ☐ 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 acquisition cost of the above-referenced capital expenditure is the net of all discounts, refunds, rebates, etc.
- ☐ I certify that all state and federal procurement rules and regulations will be followed in the purchase of the capital expenditure.

LEA Representative (Print full name)

Signature

Date

OSPI USE ONLY

Approved by: _____

Director of CNS Financial Resources

Date