



Office of P-20 Education Policy
Child Nutrition Program Administration
89 Washington Avenue, Room 375 EBA, Albany, NY 12234
Phone: (518) 473-8781 Fax: (518) 473-0018

Plan for Reducing the Excess Fund Balance of the Nonprofit Food Service Account Form Instructions

Submit the completed form to: CNAudit@nysed.gov.

1. **School Food Authority (SFA) Name:** Record the name of the SFA in the designated space.
2. **SFA LEA Code:** Record the 12-digit code assigned to the SFA in the designated space.
3. **SFA Contact Name/Title:** Record the SFA's Contact Name and Title in the designated space.
4. **Plan Beginning Date:** Record the date the SFA anticipates implementing its excess fund balance plan.
Completion Date: Record the date the SFA anticipates resolving its excess fund balance. This date should be no later than June 30th of the current school year.
 - Allowing net cash resources to build up in the non-profit food service account for an extended period to save for future projects is unallowable. Therefore, a completion date later than June 30th of the current year must be approved by SED.
 - Unused SFSP reimbursements may be used to pay allowable costs of the NSLP/SBP or used the following summer to improve the meal service or improve Program management.
5. **Description of Plan:** Use the designated space to provide a detailed explanation of the actions the SFA will take to resolve its excess fund balance. The plan needs to include information on the actions the SFA plans to take to do the following:
 - Reduce the excess fund balance by June 30th of the current school year.
 - Improve the quality of food served or purchase needed supplies, service, or equipment.
 - Ensure the activities/purchases support the food service program and are necessary, reasonable, allocable, and allowable under Federal and State rules and regulations.
 - A short narrative explaining the process that will be in place to prevent an excess fund balance from reoccurring in the future at all sites.
 - If applicable, provide a detailed explanation to justify a completion date later than June 30th of the current year. Please note, a request for a later Completion Date does not indicate approval of such request. SED will evaluate the reasonableness and may contact your SFA for additional information prior to making an approval.
6. Use the Spending plan chart as follows:
 - Provide an itemized list of allowable expenditures used to reduce the excess cash resources - for example, expenses used to improve the quality of meals or the purchase/replacement of food service equipment.
7. Have the SFA's authorized representative sign and date the form in the designated space.



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1. SFA Name:
2. SFA LEA Code:
3. SFA Contact Name/Title:
4. Excess Fund Balance Spend Down Plan Beginning Date:
Completion Date:
5. Description of Excess Fund Balance Spend Down Plan; refer to instructions for details on what the plan must include:

6. Description of allowable expenditure(s) proposed to decrease the non-profit food service account's excess fund balance:

<u>Description of Expenditures</u>	<u>Unit(s)</u>	<u>Estimated Total Cost</u>	<u>Estimated Completion Date</u>
TOTAL Must be greater than or equal to the Excess Fund Balance Amount indicated in the excess fund balance notification			

Check box if attaching additional letters or documentation.

(Signature of SFA Authorized Representative)

(Date)

Do not write below the double line.

(OFFICIAL USE ONLY)

APPROVED

DENIED

Signature, Title

Date

Comments:

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

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