

FY 2022 Budget Form - CNP Verification and Certification

SYS _____

CLB _____

A. CNP Programs

Indicate (circle) CNP Programs in which LEA is approved to operate:

National School Lunch ¹ (Safety Net)	Y	N
National School Lunch (Provision Funding)	Y	N
School Breakfast (include Severe Need) ¹	Y	N
After-School Snack ¹	Y	N
Food Distribution Commodities – All except Mt Brook	Y	N
Summer Feeding	Y	N
Child and Adult Care Food Program (At Risk or Snack)	Y	N
FFVP	Y	N

All of the above require the use of Funding Source 5101 except 5170 for 5170 Revenue Account Code

¹ Includes Seamless Summer option for each of these.

B. CNP Indirect Cost

Indirect Cost rates for the budget submitted:	Is indirect cost charged to CNP?	Y	N
Approved Rates:	(If yes, what % rate was charged to CNP? _____%)		
Unrestricted _____%	When does the district recover CNP indirect costs?		
CN Rate _____%	Monthly _____ or Quarterly _____		
Actually Budgeted _____%			

C. CNP Net Cash Resources

Federal Regulations (7CFR Part 210) require SDE to monitor school systems with a Net Cash Operating Balance in excess of three months. For LEA's exceeding the 3-month operating balance, the budget should reflect an increase in budgeted expenditures as approved in the plan submitted to SDE Child Nutrition Programs.

Net Cash Resources as of 9/30/2020 – Equivalent Months _____ (N.NN)

If >3, have sufficient funds been budgeted to reduce to 3-month level or below? Y N

Submit corrective action plan to reduce excess operating balance to 3 months or less:

Do you have written approval for the above explanation for "No"? Y N

Alabama Act No. 2004-456 has established a requirement for SDE to provide a plan to promote financial accountability and sufficiency for CNP Programs. One month's balance has been established as a minimum requirement.

If <1, please explain steps being taken to move towards increasing the balance to make the CNP operation more efficient:

D. Equipment Approvals

For Budgeted Objects of Expenditure 515, 704 & Capitalized Equipment (520-590)

(use additional sheets if necessary)

Object	Cost center	Amount	*Date approved by SDE CNP
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

***Attach State CNP approval letter**

E. CNP Pass Thru Funds

Were pass thru funds retained in FY21? Y N

If yes, provide the state superintendent signed approval document.

F. CERTIFICATION: To the best of my knowledge, the information contained herein is complete and correct and has been collected and reported based on the system-wide budget file submitted for the 2021 fiscal year.

LEA CNP Director Date

LEA Chief School Financial Officer Date

LEA Superintendent Date

Reviewed by State CNP Program Director Date

If you have any questions concerning the information requested on this form, please contact State Department of Education Child Nutrition Director at (334)694-4656.