

School System: \_\_\_\_\_ LEA # \_\_\_\_\_

Child Nutrition Program Operating Balance  
Pass-Thru Relief Request  
FY 2021

Did the FY 2021 Ending CNP Fund Balance (Fund Source 5101 + 5170) exceed one month of Expenditures, including Other Fund Uses?      Yes    No

**If “Yes”  
Required to be completed if you wish to retain funds.**

Fund Source 5101  
Pass-Thru Spreadsheet Calculation \_\_\_\_\_  
Actual Pass-Thru (Special Use 0034) \_\_\_\_\_  
Difference (Pass-Thru Relief Requested) \_\_\_\_\_

\_\_\_\_\_  
CNP Director Signature                      Printed Name                      Date

\_\_\_\_\_  
CSFO Signature                              Printed Name                      Date

\_\_\_\_\_  
LEA Superintendent Signature              Printed Name                      Date

\_\_\_\_\_  
State Superintendent Signature              Printed Name                      Date