The State agency’s prior review and approval of equipment and other capital assets purchases are designed to provide a reasonable assurance that the purchase cost is necessary for Program operation and that the nonprofit food service account can absorb the cost of the requested purchase.

Please complete and submit this form for your equipment preapproval request. Please contact CANS with questions at DOE.SchoolLunch@state.sd.us or (605) 773-3413.

1. **Name of Sponsor Agency/School Food Authority: Click or tap here to enter text.**

Name and Title of requesting individual: Click or tap here to enter text.

Email Address of Contact: Click or tap here to enter text.

Phone Number of Contact: Click or tap here to enter text.

**Signature/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Is this equipment purchase preapproval request using money from the nonprofit food service account or the nonprofit school food service account?

 Yes [ ]  No [ ]

* If yes, proceed with preapproval process.
* If no, funds are coming from a source outside of the nonprofit food service account no preapproval from the CANS office is required. Check for guidance from state and other federal programs.
1. Record your local capitalization dollar amount: $XXXX
	* [ ]  Check this box if your sponsor agency/school food authority does not have a local capitalization threshold. The federal threshold is $5,000.
2. Record the equipment purchase that you are seeking preapproval for:

Click or tap here to enter text.

1. Record the cost or estimated cost of this equipment purchase: $XXXX.XX
2. Record the cost or estimated cost of the installation of the equipment: $XXXX.XX
3. Is this equipment dedicated to the child nutrition program or is it shared equipment?

Click or tap here to enter text.

* For any shared equipment, describe how the purchase cost will be prorated based on use:

Click or tap here to enter text.

1. Explain how your nonprofit food service account can afford the purchase and install costs of this equipment:

Click or tap here to enter text.

1. Explain how you will competitively procure this equipment:

Procurement must follow federal procurement standards. For example, my sponsor agency has developed specifications needed for a new reach-in freezer. We will informally purchase this reach-in freezer by getting price quotes from three different qualified vendors.

**State Agency Use Only:**

1. Is preapproval requesting equipment listed on the SD Child Nutrition Program Approval Equipment List? Yes [ ]  No [ ]

If yes **and** purchase is less than capitalization threshold no preapproval is required.

1. Is equipment purchase an allowable, reasonable, and necessary cost to the Child Nutrition Program?

Yes [ ]  No [ ]

1. Does sponsor agency have funding available for this purchase? Yes [ ]  No [ ]
2. The sponsor agency has indicated proper procurement will be conducted. Yes [ ]  No [ ]

[ ]  I approve this Child Nutrition Program purchase

[ ]  I do not approve this Child Nutrition Program purchase. Please explain reasoning:

Click or tap here to enter text.

CANS Program Staff Name and Title: Click or tap here to enter text.

CANS Signature & Date:

Date of approval or denial: Click or tap here to enter text.

Date that approval or denial is sent to the sponsor agency contact listed above: Click or tap here to enter text.