

FY 2025 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 (Regular and \$0.02 cent differential)	Y	N
National School Lunch (Provision Funding)	Y	N
School Breakfast ¹ (Regular and Severe Need Breakfast)	Y	N
After-School Snack ¹	Y	N
Food Distribution USDA Foods – All except Mt Brook & Pike Road	Y	N
Summer Feeding	Y	N
Child and Adult Care Food Program (At Risk or Snack)	Y	N
FFVP	Y	N

All the above require the use of Funding Source 5101 (Includes National School Lunch Program, School Breakfast Program, After School Snack Program, and Seamless Summer Option) except 5170 for Summer Food Service Program (SFSP) and 5199 for Child and Adult Care Food Program (At Risk or Snack) (CACFP) 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?		
CNP 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 9/30/2023 – 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 FY24? 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 2025 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.