THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234



Iffice of P-20 Education Policy
Hild Nutrition Program Administration
9 Washington Avenue, Room 375 EBA, Albany, NY 12234
hone: (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.

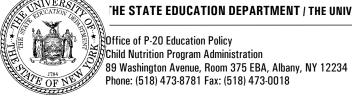
Extension Date Justification: If applicable, provide a detailed explanation to justify a completion date later than June 30th of the current year. Please note, a request for a later Completion Date does not indicate approval of such request. SED will evaluate its reasonableness and may contact your SFA for additional information prior to making an approval.

- 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 30 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. Use the spending plan chart as follows:

- Provide an itemized list of allowable expenditures in each category used to reduce the excess cash resources for example, expenses used to improve the quality of meals or the purchase "purchasing fresh fruits and vegetables from local vendor": replacement of food service equipment "upgrading convection oven in high school".
 - Do not use general descriptions such as equipment state type of equipment: convection oven, dishwasher, etc.
- 6. Have the SFA's authorized representative sign and date the form in the designated space.

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

1.	SFA Name:		
2.	SFA LEA Code:		
3.	SFA Contact Name/Title:		
4.	Excess Fund Balance Spend Down Plan Beginning Date: Co	ompletion Date:	
	Extension Justification:		
5.	List Expenses by Category		
a.	Meal & Meal Quality Improvement – Offer a wider variety of fresh local fruits and vegetables; offer entrée items that may otherwise be cost-prohibited like higher quality cuts of meat.		
	Item(s)	Estimated Cost	
b.	Staffing – Hire additional food service staff to expand menu offerings and do more scratch cooking; increase staff wages.		
	Position(s)	Estimated Cost	

	nining and professional development for neet professional standards requiremen	
	Training(s)	Estimated Cost
Service & Atmosphere – Invest in merchandising and marketing materials like digital signage to promenus; upgrade the hardware of your POS system; redesign and purchase new serving lines that ke food hotter or colder; and/or dining tables and chairs.		
	Item(s)	Estimated Cost
e. Nutrition Edu	cation – Start a school garden; have co	oking demonstrations to highlight menu items
e. Nutrition Edu		
e. Nutrition Edu	ication – Start a school garden; have co Item(s)	oking demonstrations to highlight menu items Estimated Cost
e. Nutrition Edu		
e. Nutrition Edu		
e. Nutrition Edu		
e. Nutrition Edu		oking demonstrations to highlight menu items Estimated Cost

f	Equipment – Replace small equipment and small wares; replace big kitchen equipment and upgrade for
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	efficiency, for example purchasing a combi oven; increase storage capacity by adding refrigerator/freezer
	units; invest in reusable trays; buy a salad bar or refrigerated buffet table; purchase equipment to offer
	alternative and innovative meal deliver models like Breakfast in the Classroom or Grab & Go Breakfast.

Item(s)	Estimated Cost
Total Estimated Costs	
(Signature of SFA Authorized Representative) (Date)	
(FOR SED OFFICIAL USE ONLY)	
☐ APPROVED ☐ DENIED	
Signature, Title	Date
SED Comments	