

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE STATE ADMINISTRATIVE EXPENSE FUNDS REALLOCATION REQUEST REPORT <i>See Instructions on Reverse</i>	GRANTEE NAME <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
<p>This information is being collected to assist the Food and Nutrition Service in funding the Child Nutrition Programs. The authority for this collection is provided for in Sections 7 and 10 of the Child Nutrition Act of 1966, 80 Stat. 888, 889, as amended (42 U.S.C. 1776, 1779). This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0067. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22314 ATTN: PRA (0584-0067). Do not return the completed form to this address.</p>				
CURRENT FISCAL YEAR: _____				
I. FUNDS REQUESTED				
Is the Grantee requesting reallocated funds? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Total amount of additional funds requested in excess of authorized funding level (in whole dollars): \$ _____				
II. JUSTIFICATION FOR FUNDS REQUEST				
Anticipated expenses or activities to be funded with reallocated dollars:				
Category of Request #1 (check all that apply)	FD <input type="checkbox"/>	IT/Software <input type="checkbox"/>	Salary/Benefits <input type="checkbox"/>	Other <input type="checkbox"/>
Description of request #1				
Amount for request #1	\$			
Category of Request #2 (check all that apply)	FD <input type="checkbox"/>	IT/Software <input type="checkbox"/>	Salary/Benefits <input type="checkbox"/>	Other <input type="checkbox"/>
Description request #2				
Amount for request #2	\$			
Category of Request #3 (check all that apply)	FD <input type="checkbox"/>	IT/Software <input type="checkbox"/>	Salary/Benefits <input type="checkbox"/>	Other <input type="checkbox"/>
Description of request #3				
Amount for request #3	\$			
Category of Request #4 (check all that apply)	FD <input type="checkbox"/>	IT/Software <input type="checkbox"/>	Salary/Benefits <input type="checkbox"/>	Other <input type="checkbox"/>
Description of request #4				
Amount for request #4	\$			
Category of Request #5 (check all that apply)	FD <input type="checkbox"/>	IT/Software <input type="checkbox"/>	Salary/Benefits <input type="checkbox"/>	Other <input type="checkbox"/>
Description of request #5				
Amount for request #5	\$			

III. FNS REGIONAL OFFICE RECOMMENDATIONS

- A. The Regional Office has evaluated the anticipated expenses or activities to be funded with reallocated dollars and has found them to be allowable costs. Yes ☐ No ☐
- B. The Regional Office supports the Grantee's request for reallocated funds, the amount requested, and the anticipated expenses or activities to be funded with reallocated dollars. Yes ☐ No ☐
- C. If the answer to either A or B is no, please explain below.

IV. ASSURANCES

BY SIGNING BELOW, I (THE AUTHORIZED STATE OFFICIAL) ATTEST THAT THE STATE AGENCY:

- A. Will use the requested reallocation funds only for allowable costs associated with Child Nutrition Programs.
- B. Will obligate and expend such funds by September 30 of the fiscal year in which they are awarded.

V. SIGNATURES

AUTHORIZED STATE OFFICIAL	TITLE	DATE
AUTHORIZED FNS DESIGNEE	TITLE	DATE

INSTRUCTIONS FOR FNS-525

All State agencies (SAs) must complete this form. This must be done even if an SA is not requesting funds.

associated with the portion of the request described above. The cost should be in whole dollars only. Repeat these steps as needed. If additional spaces are needed, attach additional sheets and contact your Regional office.

DEFINITIONS

1. **AUTHORIZED FUNDING LEVEL** - The amount of SAE funds available to an SA for a given fiscal year, including the Current Fiscal Year Grant, which includes initial allocation, plus previous year's carryover, plus incoming transfers or minus outgoing transfers.
2. **FOOD DISTRIBUTION** - Of, or relating to, the Food Distribution Program for USDA Foods for Child Nutrition Programs. Does not include The Emergency Food Program (TEFAP), Commodity Supplemental Food Program (CSFP), or Food Distribution Programs on Indian Reservations (FDPIR).
3. **INFORMATION TECHNOLOGY/SOFTWARE** - Items of technology involving the development, maintenance, and use of computer systems and networks for the processing and distribution of data.
4. **SALARY/BENEFITS** - Compensation to employees for services or services in addition thereto.
5. **OTHER** - For the purposes of this form, any item that is not categorically Food Distribution, Information Technology/Software, or Salary/Benefits.

SECTION I - FUNDS REQUESTED

This is the amount of funds being requested above the current authorized funding level, which must be expended by September 30 of the fiscal year in which they are awarded.

SECTION II - JUSTIFICATION FOR FUNDS REQUEST

For each of the individually requested items, check the category of the request: Food Distribution, Information Technology/Software, Salary/Benefits, or Other. In the box to the right of the one labeled "Description of Request," provide description of anticipated activity. In the box to the right of the one labeled "Amount of Request," provide the cost

SECTION III - REGIONAL OFFICE RECOMMENDATION

To be completed by Regional office staff.

- A. After reviewing the Grantee's request for allowability, check yes if the cost is allowable or check no if the cost is unallowable.
- B. If the Regional office recommends all of the Grantee's requests, check yes. If the Regional office disagrees with one or more of the Grantee's requests, check no.
- C. If the answer to either A or B is no, explain the reason for the reason for the no answer. Additional relevant comments may also be included in this space.

SECTION IV - ASSURANCES

- A. SAE reallocation funds may only be used for allowable costs associated with Child Nutrition Programs, which includes the National School Lunch Program (7 CFR part 210), the Special Milk Program (7 CFR part 215), the School Breakfast Program (7 CFR part 220), the Child and Adult Care Food Program (7 CFR part 226) and the Food Distribution Program (7 CFR part 250).
- B. Because they are prior year funds, SAE reallocated funds must be obligated and expended by September 30 of the fiscal year in which they are awarded.

SECTION V - SIGNATURES

All SAs must sign this form. This must be done even if an SA is not requesting funds. Authorized FNS Designee may be Regional Administrator, Director, or Branch Chief.