**Instructions for Completing Form PI-6206**

**Wisconsin School Nutrition Programs – Nonprofit School Food Service Funds**

**Request for Approval of Capital Food Service Equipment Expenditures**

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| Email the completed form to Wisconsin Department of Public Instruction, School Nutrition Procurement Team: |
| **Jessica Oele, MS, RDN, CD**Contract Specialist(608) 266-3296jessica.oele@dpi.wi.gov | **Lera Karns**Contract Specialist(608) 267-9288lera.karns@dpi.wi.gov |
| Agency Code | Agency code for the school (5 or 6 digits). |
| School Food Authority (SFA) | Name of the SFA. |
| Contact Person | Name of the contact person for this request. |
| Title | Title of the contact person. |
| Phone No. | Phone number, including area code of the contact person. Include extension, if needed. |
| Email Address | Email address of the contact person. |
| Capitalization Threshold | Enter the amount your agency uses for its capitalization threshold. A ‘capitalization threshold’ is defined as the dollar value at which an agency differentiates between items that are supplies **versus** capital equipment. Therefore, some smaller equipment may be considered to be a supply because of its value. Each local school board may designate a specific dollar amount for equipment to capitalize. This is the dollar value at which your school or district considers a piece of equipment an asset in their financial statements. If your SFA has not set a capitalization threshold, the federal capitalization threshold of $5,000 should be used. |
| NOTE: For the yes / no boxes click on the correct box, DO NOT tab to the next box. |
| Does this request exceed SFA’s Capitalization Threshold or $5,000? | Answer yes or no.State Agency approval is not needed for purchases below your capitalization threshold, or $5,000 whichever number is smaller; therefore if answer is “No”, submission of this form to DPI is not necessary. |
| Is the equipment listed on the WI DPI Preapproved List? | Please check this address: <http://dpi.wi.gov/school-nutrition/procurement/equipmen-prior-approval> for the current version of the Wisconsin Department of Public Instruction Preapproved Equipment List. If the equipment is on this list no preapproval is required, therefore this form is not necessary. |
| … Meet Federal Regulation … | Does this request meet the Federal regulations 2 CFR Part 225 (OMB Circular A‐87)? Please review the reference at the end of document and then check yes or no. | Please note: **If the answer is no to either of the two**  |
| … Meet Program Regulation … | Does this request meet the Program regulations located at 7 CFR Parts 210.14 (a)? Please review the reference at the end of document and then check yes or no. | **questions to the left, the request is not allowable.** |
| Purchase benefits other programs? | Will this purchase be used to benefit any program other than the school (nutrition programs) food service? Check no or yes; if yes, the percentage used by the school nutrition programs and the percentage for other programs must be entered into the next two boxes. |
| School Nutrition Programs Percent | Enter the percentage of anticipated use of the equipment for the school nutrition programs. |
| Other Programs Percent | Enter the percentage of anticipated use of the equipment for other programs. |
| Describe Other Programs | Describe other programs that will use this equipment. |
| Authorized Representative | Print the name and title of the authorized representative. |
| Signature | The form should be signed by the authorized representative. |
| Date | Enter the date signed. |
| School Code No. | Enter the school code. This link has directories for public and private schools: <http://dpi.wi.gov/directories>. You can search by county or CESA to find the listing for your school that includes the school code. |
| School Name | Enter the school name. |
| Equipment | List the equipment you want to purchase. |
| No. of Quotes Obtained | How many price quotes did you receive for this equipment? (You need a minimum of three.) |
| Quantity | Enter the number of pieces of equipment. |
| Expected Cost/Quote | After you have received (at least 3) price quotes, enter the anticipated cost of the equipment based on the lowest acceptable quote received. |
| Total | Worksheet will multiply the expected cost times the quantity to be purchased. |
| Funding Source | Enter the funding source. Is the money coming from Fund 50, for private schools a separate food service account, or other sources?(If the money is not from Fund 50 or a separate food service account, completion of this form is not necessary.) |
| Replacement | Answer yes or no if this is replacement equipment. |
| If New Purchase, Why is it Needed | If this is a new piece of equipment, please explain why it is needed.The field will expand as you type. |
| Check if Emergency Purchase\* | Check the box if this is an emergency purchase. If so, by signing this form you agree with the following statement.\* The above requested equipment is considered as an Emergency Purchase if purchase is necessary in order to continue providing, without significant interruption, meals for students. |
| Anticipated Purchase Date | If the purchase is approved by DPI, when do you anticipate purchasing the equipment? |

The request will be reviewed by the School Nutrition Team. A copy of your submission and a letter of approval or denial will be returned to the Contact Person of the SFA.

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| Please keep this information in your program records for five (5) years plus the current year and have it available for the next Administrative Review of your School Nutrition Programs. |

Equipment purchases over the capitalization threshold will be reviewed during Administrative Reviews and audits. If any equipment purchases made as of January 1, 2015 are identified as unallowable due to it not being on the preapproved list, and it has not gone through the State Agency prior approval process, **DPI would disallow these purchases and implement debt collection procedures**.