Print

OMB APPROVED NO. 0584-0067
Expiration Date: 12/31/2022

**U.S. DEPARTMENT OF AGRICULTURE** - FOOD AND NUTRITION SERVICE

# STATE ADMINISTRATIVE EXPENSE FUNDS REALLOCATION REPORT

*See Instructions on Reverse*

GRANTEE NAME

This information is being collected to assist the Food and Nutrition Service in providing the necessary State Administrative Expense Funds to State agencies to use in funding their Child Nutrition Programs. This is a mandatory collection and FNS uses the information to monitor program funding. 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 12.5 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, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-0067). Do not return the completed form to this address.

## CURRENT STATUS OF SAE FUNDS

CURRENT FISCAL YEAR _____

AUTHORIZED FUNDING LEVEL $ _____

| I. USE OF AUTHORIZED FUNDING LEVEL | DOLLAR AMOUNT | TOTAL DOLLARS |
|---|---|---|
| A. Estimate of funds to be obligated by September 30 of the current fiscal year. | $ _____ | |
| B. Estimate of funds from the Current Fiscal Year Grant to be carried over for obligation and expenditure during the next fiscal year. | $ _____ | |
| **II. TO INCREASE THE AUTHORIZED FUNDING LEVEL *(Justification Required)*** | | |
| TOTAL AMOUNT OF ADDITIONAL FUNDS REQUESTED IN EXCESS OF AUTHORIZED FUNDING LEVEL (MUST EQUAL A + B) | | $ _____ |
| A. Amount of these funds to be obligated by September 30 of the current fiscal year. | $ _____ | |
| B. Amount of these funds to be carried over for obligation and expenditure during the next fiscal year. | $ _____ | |
| **III. TO DECREASE THE AUTHORIZED FUNDING LEVEL** | | |
| TOTAL AMOUNT OF FUNDS TO BE RETURNED TO FNS (MUST EQUAL A + B) | | $ _____ |
| A. Funds from the Current Fiscal Year Grant to be returned. | $ _____ | |
| B. Funds from the Preceding Fiscal Year Grant to be returned. | $ _____ | |

## IV. ASSURANCES

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

A. Will need the total amount of additional funds indicated under Section II (Total Dollars) for the Current Fiscal Year Grant.

B. Authorizes release and hereby releases from its Current Fiscal Year Grant the amount entered on Line III, A and from its Preceding Fiscal Year Grant the amount entered on Line III, B making such Estimate of funds available to FNS for reallocation to other State agencies.

## V. SIGNATURES

| AUTHORIZED STATE OFFICIAL | TITLE | DATE |
|---|---|---|
| | | |

| REGIONAL ADMINISTRATOR OR DESIGNATED FNS OFFICIAL | DATE |
|---|---|
| | |

## INSTRUCTIONS FOR FNS-525

*(All Items Are Self-Explanatory Unless Noted Below)*

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

DEFINITIONS (For purposes of this report)

1. AUTHORIZED FUNDING LEVEL - The amount of SAE funds available to an SA for a given fiscal year, including the Current Fiscal Year Grant plus previous fiscal year's carryover funds.

2. CARRYOVER FUNDS - SAE funds which are available to the SA for obligation and expenditure during the second year of the grant.

3. CURRENT FISCAL YEAR GRANT - SAE grant available for the current and next fiscal years, and expiring September 30 of the next fiscal year.

4. PRECEDING FISCAL YEAR GRANT - SAE grant available for the preceding and current fiscal years, and expiring September 30 of the current fiscal year.

5. OBLIGATION - This includes outlays and unliquidated obligations as reported on line "K" of the FNS-777 report.

CURRENT STATUS OF SAE FUNDS

Review the information completed by the regional office for accuracy. Please contact the regional office if there is any discrepancy.

SECTION I - USE OF AUTHORIZED FUNDING LEVEL

Please note: Under Current Status of SAE Funds, the Authorized Funding Level should equal the sum of I, A and I, B and III. If these amounts are not equal, please provide an explanation for the difference.

Enter the best estimate of the amount of the Authorized Funding Level (under Current Status of SAE Funds) which will be obligated by September 30 of the current fiscal year.

SECTION II - TO INCREASE THE AUTHORIZED FUNDING LEVEL

Before any request for additional funds can be considered, an explanation for the planned use of carryover funds is necessary. Any carryover funds for the current fiscal year an SA anticipates having must be earmarked for an essential one-time only activity. Requests from SAs will be considered for funding only to the extent that anticipated carryover funds are insufficient to cover essential one-time only activities.

A written justification is required for each activity for which funds are requested. Only requests from an SA for one-time only activities that can be demonstrated to be essential to the administration of its program(s) will be considered for funding. The justification included with the request for reallocation funds must include the following:

1. Description of the use of funds - objectives and activities planned.

2. If more than one item is being requested, rank the items in descending order of priority.

3. Description of how the Child Nutrition Programs will be adversely affected if an SA does not receive reallocation funds.

4. For projects - a) time period during which project is to be completed; b) the methods to be used in evaluating the project; and c) the results to be obtained.

5. Itemized costs of activity, including (as applicable): a) salaries and fringe benefits, b) travel expenses, c) office equipment, d) training and education, e) general administrative costs (specify), f) other costs (specify and explain), g) total direct costs, h) total indirect costs, and i) total costs.

6. Sources of funding for activity, including (as applicable): a) local contribution, b) State contribution, and c) total amount of SAE request.

SECTION IV - ASSURANCES

A. Applicable only to those SAs requesting SAE funds.

B. Applicable only to those SAs returning SAE funds.

SECTION V - SIGNATURES

All SAs must sign this form. This must be done even if an SA is not requesting or returning funds.