

Plan to Reduce Excess Operating Balance for the School Nutrition Programs

School Year 2025-26

School food authorities (SFAs) must submit this form to the CSDE when their nonprofit school food service account (NSFSA) exceeds three months' average expenditures, as reported in the Financial Report submitted in the [Connecticut Online Application and Claiming System for Child Nutrition Programs](#) (CNP System) each year.

For school year 2025-26 only: If the SFA's plan includes lowering or eliminating the household share for one National School Lunch Program (NSLP) meal per day for students or offsetting students' unpaid meal charges incurred in school year 2025-26, the SFA must have submitted the Paid Lunch Equity (PLE) online survey to the Connecticut State Department of Education. For more information, refer to the CSDE's [Operational Memorandum No. 10-25: Paid Lunch Equity: Guidance for School Year 2025-26](#).

Instructions

Complete all parts of this form following the instructions below. Upload the completed form under "Corrective Action Plan Attachments" in the annual **Financial Report** section of the CNP System. If applicable, complete the online Capital Expenditure Request Form in the CNP System (refer to the CSDE's [Instructions for Completing the Capital Expenditure Request Form for School Nutrition Programs](#)) and upload the [Cost Allocation Plan Form for School Nutrition Programs](#).

Part 1: SFA Information

Name of SFA: Enter the full name of the SFA.

- **Sponsor number:** This is the five-digit number on the SFA's Agreement for Child Nutrition Programs (ED-099). This number is located above the SFA's name in the [CNP System](#).
- **Excess Balance:** Enter the excess balance (as of June 30) from the SFA's current annual Financial Report in the [Connecticut Online Application and Claiming System for Child Nutrition Programs \(CNP System\)](#). This is the amount listed in **3i "Excess Balance"** under "Computed Operating Position" in the "SNP Financial Form Details" section of the CNP System.

Name of SFA: _____ **Sponsor number:** _____

Excess Balance as of June 30: \$ _____

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Part 2: Allowable Expenditures

SFAs must ensure that all purchases made using funds from the NSFSFA, including excess cash, are allowable. Each expenditure must be used to improve the quality of food served or to purchase needed supplies, services, or equipment to support and/or improve the CNPs. For additional guidance, refer to the CSDE’s [Guide to Financial Management Requirements for the School Nutrition Programs](#).

Complete all information in the Allowable Expenditures Chart for School Year 2025-26 on pages 3-5. Refer to the example and guidance below.

Description of activity	Estimated cost per unit	Number of units	Total estimated cost	Estimated date of completion	Requires Capital Expenditure Request Form	Carryover from previous year’s form? <i>If Yes, complete part 3</i>
Farm to School Coordinator	\$45,000	1	\$45,000	September 2024	No	Yes

- **Description of activity:** Describe the item (e.g., equipment, supplies, or service) that will be purchased. For equipment supplies or services with a unit cost of \$5,000 or greater that is not included on the CSDE’s *Capital Expenditure Approved List for School Food Authority Equipment Purchases*, complete the online Capital Expenditure Request Form in the CNP System. For guidance, refer to the CSDE’s [Instructions for Completing the Capital Expenditure Request Form for School Nutrition Programs](#). Complete and submit the CSDE’s [Cost Allocation Plan Form](#) for any expenditures that benefit other programs, such as cafeteria furniture.
- **Estimated cost per unit:** Indicate the estimated cost per unit. A formal quote is not needed, but the estimate should be based on research, past purchases, or discussions with vendors.
- **Total estimated cost:** Indicate the total estimated cost of all listed items. The total estimated cost must be **at least** the amount listed in “Excess Balance as of June 30” in part 1.
- **Estimated date of completion:** Indicate an anticipated date of when the expenditure will occur. Excess cash must be spent by **June 30** of each year. If estimated dates of completion extend into the following school year, include a brief explanation or rationale of extended date in [Part 3: Narrative](#).
- **Carryover from last year’s form:** Indicate “Yes” if this item was on the previous year’s form and has not yet been purchased, otherwise indicate “No”. If “Yes” is indicated, the SFA must complete part 3. If this is a carryover item from the previous year, and part of the expected cost was spent during that year, indicate only the remaining amount to be spent during the current school year in the “Estimated cost per unit” column and the “Total estimated cost” column.
 - **Example:** Last year’s form included three reach-in refrigerators at \$8,000 each. Only one reach-in refrigerator was purchased, and the remainder will be purchased during the current school year.

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Allowable Expenditures Chart for School Year 2025-26

Provide a description of each allowable expenditure (refer to the CSDE's [Guide to Financial Management Requirements for the School Nutrition Programs](#)).

Description of activity	Estimated cost per unit	Number of units	Total estimated cost	Estimated date of completion	Requires Capital Expenditure Request Form	Carryover from previous year's form? <i>If Yes, complete part 3</i>

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Part 3: Narrative

Include information in this section **only** for items listed in the “Allowable Expenditures Chart for School Year 2025-26” in [Part 2: Allowable Expenditures](#).

- Any items listed in part 2 require additional information to substantiate how they will benefit the USDA school nutrition programs. Include a brief description of the item, what it will be used for, and how its purchase will benefit the SFA’s specific food service operation. For information on allowable expenditures, refer to the CSDE’s [Guide to Financial Management Requirements for the School Nutrition Programs](#).
- Any items listed as “carryover” from the previous year must be included in this section and must be indicated by stating “carryover Item” before the description.
 - Describe the circumstances that prevented completion of this expenditure in the estimated time, such as out of stock or delay in approval.
 - If necessary, indicate if partial expenditure toward this item occurred in the previous year and how much was already spent. **Example:** Last year the food service department planned to purchase three reach-in refrigerators to provide more space to store fresh produce from local farms. We purchased one refrigerator for \$8000 but had issues finding space for the other two refrigerators. We resolved this problem after meeting with our facilities director and administration. The two refrigerators will be purchased and installed this school year.
- A narrative describing the item is **not** necessary for any items that require the online Capital Expenditure Request Form in the CNP System (refer to the CSDE’s [Instructions for Completing the Capital Expenditure Request Form for School Nutrition Programs](#)).

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Part 3: Narrative, continued

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Part 4: Signature

One of the SFA's two authorized signers must sign and date the form. **This form cannot be signed by the food service director.**

Each sponsor of the NSLP has two designated representatives authorized to enter into an agreement with the CSDE to operate Child Nutrition Programs (ED-099 Agreement for Child Nutrition Programs) and sign the claims for reimbursement.

- **Authorized signer 1** is the designated representative who is authorized to sign the ED-099 Agreement for Child Nutrition Programs and submit claims for reimbursement. This person is the head of the governing body, e.g., the chief officer elected or appointed to assume legal responsibility for the organization (superintendent of schools, president, or chairperson of the board).
- **Authorized signer 2** is the designated representative who is authorized to sign the claims for reimbursement in the absence or incapacity of the first designated individual. This person is the assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner.

Name of authorized signer: _____

Title of authorized signer: _____

Signature of authorized signer: _____ Date: _____

For more information, visit the CSDE's [Financial Management for School Nutrition Programs](#) webpage or contact the [school nutrition programs staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This form is available at https://portal.ct.gov/-/media/sde/nutrition/nslp/financialmanagement/plan_reduce_excess_operating_balance_snp.pdf.



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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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