

Specific Prior Written Approval Request Form

Specific Prior Written Approval items are those that are not customarily incurred in the routine operation of the SFSP/CACFP. The organization must complete and submit the Specific Prior Written Approval Request Form when requesting special cost items and required in the Budget Package, costs not specifically identified on another worksheet in the Budget Package, for all less than arms length transactions, and for all costs that are not identified in FNS Instruction 796-2 Rev. 4. Attach additional sheets or supporting documentation such as contracts as applicable.

Institution Name:		Agreement #:	
Fiscal Year Cost will be incurred:		Estimated Date of Purchase:	
Item Name and Description: <small>(Specifically identify the item requested)</small>		Cost of item: <small>(Indicate frequency and cost per occurrence)</small>	
1) Explain why this cost is necessary and why the organization would not be able to operate the CACFP/SFSP without incurring this cost:			
2) Describe how the type and amount of the cost is reasonable and does not exceed what a prudent person (or a sponsored facility) would incur under the same circumstances by answering the following:			
a) How does the cost represent a generally accepted sound business practice and provide specific examples of such:			
b) Indicate the type of transaction below. (For a definition a less than arms length transaction, refer to Exhibit A of FNS Instruction 796-2 Rev. 4. Arms length transaction would be those not considered less than arms length.)			
<input type="checkbox"/> Arms length transaction	<input type="checkbox"/> Less than arms length transaction	<input type="checkbox"/> Transaction results in ownership interest	
c) Indicate how the organization is exercising good judgment by incurring this cost, considering their responsibilities to the organization, its members, employees, clients, the public at large, the Federal government and CACFP/SFSP (Administrative Sponsors must specifically indicate how the item will benefit sponsored facilities and its impact on the facility):			
d) Identify the established practices of the organization for which this cost would represent an ordinary expense (You may be required to submit personnel policies of other documentation of this cost):			
3) <input type="checkbox"/> Check here to certify that proper procurement procedures will be followed. If a small purchase, complete and submit the Small Purchase Documentation Form.			
Signature of Institution Staff		Date	

Georgia Nutritional Services, Inc. Use Only Below:

Approval/Denial Status			
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with limitations	<input type="checkbox"/> Denied	
Amount approved (if applicable):		Special considerations or reason denied is listed below:	
GNSI Signature:		Date:	