|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SFA Number:** |  | | **SFA Name:** |  | | |
| **SFA Contact Name:** | |  | | | **Telephone:** |  |

The above-named SFA is requesting approval from the State Agency to reduce the excess cash resource in the **Amount of** as determined from the **Annual Financial Report** (FC1-A) entered into the School Nutrition Technology System (SNTS) **for SY** \_\_\_\_\_\_\_\_\_\_.

The excess funds will be **used** for the following purposes:

*(If additional space is needed, attach another page.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Signature of SN Administrator** **Date**

Email the completed form to: [schoolnutrition.dpi.nc.gov](mailto:Frank.Cernik@dpi.nc.gov)

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| --- |
| (State Agency Use Only)  APPROVED  DENIED  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_ **Signature** **Title** **Date** |