**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 Frank.Cernik@dpi.nc.gov

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