



1900 Kanawha Boulevard, East, Building 6 • Charleston, WV 25305
wvde.us

Request for Specific Prior Written Approval [SPWA]

All Child and Adult Care Food Program (CACFP) administrative costs require some form of prior written approval. Costs requiring *specific* prior written approval must be submitted on this form.

Costs requiring specific prior written approval are not customarily incurred in the routine operation of the CACFP but can sometimes be necessary and reasonable for proper and effective Program operations. The institution must specifically identify and request approval of these costs during the annual budget approval process or submit a separate request to the State agency. Approval of a budget line item does not constitute adequate specific written prior approval for these costs. Whether submitted during the budget approval process or separately, the State agency must approve or deny the requested cost in writing. Since a cost requiring specific prior written approval is an amendment to the institution's budget, the timeframes established in 7 CFR 226.6(b)(10) apply. The State agency must approve or deny a complete and correct request within 30 days of receipt. Approval of cost is never a guarantee of funding. Additional requirements may apply. Reference: USDA FNS Instruction 796-2, Rev.4.

A partial list of SPWA required budget item includes:

Management salaries, Fringe benefits, monitoring salaries, clerical salaries, travel/training, communications, general office supplies, contracted services (accounting fees, equipment lease, etc.) and other (office, rent, utilities, etc.)

Name of Sponsoring Organization _____

Budget Line Item: _____ Total Cost \$ _____

Item or Service: _____ Total from CACFP \$ _____

Justification/Description/Purpose/Use:

This request for approval is required by USDA Food and Nutrition Services Guidance 796-2 Rev.4 and does not constitute a State supervisory role of the Sponsorship or its employees, or establish an employee/ employer relationship between the Department and the Contractor, or the Contractor's employees.

Signature of Sponsor's Authorized Representative _____ Date _____

Approved by State agency: _____
Date _____