2025-2026 Resource Management Nonprofit School Food Service Account

(Complete required information with supporting documentation from Fiscal Year 2024 - 2025.)

| Contracting Entity (CE) ID#: | Completed by Name: | | | | |
|---|--|-----------------|-----------|--------------|---------|
| CE Name: | Title: | | | | |
| Fund Type: | Telephone #: | | | | |
| | Email: | | | | |
| Documents to F | Provide with Completed Form (If documents provided previously | for review, o | nly one | file is requ | iired.) |
| Child Nutrition Original PDF and E Name, Vendor Nu | Ints for the General Ledger In Program Detailed General Ledger for all CN Funds (Previous Fiscal Excel format Information to be included: Account Code/Number, Account Descripmber, Purchase Order Number, Invoice Date, Invoice Number, Amount, Check Number Assets (Balance Sheet) and Statement of Activity | otion/Name, Tra | ansaction | Description | |
| | Maintenance of Nonprofit School Food Service Acco | ount | | | |
| onprofit School food Service | e Account and Year End Available Balance | | | | |
| tep 1: Total amount of reve | nues available in review period (include Fund Balance | | | \$ | |
| or Carryover from year | r before review year) | | | | |
| tep 2: Total amount of expe | nses in review year | | | \$ | |
| p 3: Subtract total expenses from total revenues | | e \$ | | | |
| ransfer to cover the balance? | | eral fund | Yes | No | N/A |
| YES, record the amount of the | e deficit. | | | | |
| mments: | | | | | |
| | | | | | |
| If Yes , were general funds tr | ransferred into the account to cover the entire deficit? | | Yes | No | N/A |
| Yes, record date, source of nonprofit school food service a | on-Federal funds and amount of transfer(s) into the account. | Source | Da | ite | |
| No , describe what the SFA d | | nount of Tr | ansfer | \$ | |
| | | | | | |

Nonprofit School Food Service Account and Limitation on Net Cash Resources

| Step 1a: Total amount | of net cash resourc | ces* | | | | | |
|-------------------------------|-----------------------|-----------------------|--------------------------------|------------------------|-------------|-----------|---|
| Assets | - Liabilities | = | net cash resources | | | | |
| Net cash resources do | not include food inve | entories (including U | SDA Foods), equipment, or oth | er non-cash resources. | | | |
| Step 2a: Operating cos | ts (minus depreciat | tion) = net adjusted | operating expenses | | | | |
| Operating Costs | - Deprecio | ntion (if applicable) | = | net adjusted operatir | ng expenses | | |
| Step 3a: Average mon | thly expenses = ope | erating expenses div | rided by number of operating I | months | | | |
| (2a total) | operating mont | hs = | average monthly exp | oenses | | | |
| Step 4a. Average expe | enses for 6 months = | average monthly e | expenses multiplied by 6 | | | | |
| (3a total) | x 6 months | = | average expenses for 6 mon | ths | | | |
| Step 5a. Is the net cas | h resources (1a) equ | ual to or less than a | verage expenses for 6 months | (4a.)? | | | |
| (1a.) =< | Avg expenses for t | 6 months (4a.) | | | | | |
| | | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| 3 Did the SFA's net | cash resources e | exceed its 10 mon | th average monthly expens | ses? | Yes | No | |
| 3. Did the Sirk sheet | casii resources e | Acced its 10 mon | th average monthly expens | 303. | 103 | 140 | |
| Comments: | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| 4. If Yes, did the SF | A develop a spen | d down plan appr | oved by the State agency? | | Yes | No | |
| | | | , | | | | |
| Provide the approv | al date below an | d attach a copy o | f the review year approve | d plan. | | | |
| Comments: | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| T If Voc in the CTA | on trook to on a | down its susses | not coch roco | i. Boom | anca ta ba | completed | |
| 5. IT Yes , IS the SFA | on track to spend | a down its excess | net cash resources so that | it kesp | onse to be | completed | |

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is in compliance with the six month net cash resource limit?

by State Agency

| Internal Controls | | | | | |
|--|-----------------|-----------|--|--|--|
| 6. Are internal controls being implemented to ensure effective oversight of federal funds and ensure charges to the nonprofit school food service are allowable (2 CFR 200.303)? | Yes | No | | | |
| Check those that apply: Training on financial management including allowable costs. If provided list frequency and tit | les of staff wh | o attend. | | | |
| Separation of duties so that staff members who receive or manage the collection of money are not also involved in the disbursement of funds. | | | | | |
| A written policy that prohibits the use of nonprofit school food service account funds from being used to cover bad debt. | | | | | |
| Physical controls to ensure funds do not get lost or stolen (examples: lockboxes for petty cash employees collecting cash at the POS) | າ, unique pass | words for | | | |
| Other/additional internal controls (list in comments) | | | | | |
| Comments: | | | | | |
| 7. Have non-reimbursable meals been provided free of charge to students? | Yes | No | | | |
| Comments: | | | | | |
| | | | | | |

8. If **Yes,** did the SFA have a process to accurately record the number of free non-reimbursable meals served? Describe the process used to record the number of free non-reimbursable meals served in the comment box below.

Response to be completed by State Agency

No

Yes

Allowable Costs

9. Did the SFA encumber bad debt from unpaid student meal accounts during the RM review period?

If **Yes**, how did the SFA ensure that only allowable non-Federal revenues were used to restore operating losses? Describe how the bad debt was resolved below.

Comments:

Equipment Purchases

| 10. Excluding equipment purchases made with USDA grants, did the SFA purchase equipment during the RM review period that cost at or above the capitalization level established by the Statement purposes or at or above \$10,000 (whichever was less)? | ate | Yes | No |
|--|--|-----|-----|
| Comments: | | | |
| | | | |
| 11. If Yes, was the equipment included on an approved State agency equipment list or did the SFA otherwise secure prior approval from the State agency before purchasing the equipment (per FNS Policy Memo SP 31-2014)? | V | No | N/A |
| If no , provide a list (spreadsheet) of capital expenditures purchased during the review period, including vendor, date and amount paid. If any equipment was disposed of, include the disposal date, gains, and how proceeds were handled. | | | |
| Comments: | | | |
| | | | |
| 12. If the SFA disposed of equipment during the RM review period, did the SFA deposit any proceeds from the sale of the equipment into the nonprofit school food service account? | Yes | No | N/A |
| Comments: | | | |
| | | | |
| Allowable Costs Test | | | |
| 13. Did all recorded expenses represent an activity or function recognized as reasonable, necessary, allocable and otherwise compliant with the provisions of 2 CFR 200 Subpart E? | Response to be completed by State Agency | | |

14. Did the SFA maintain records that adequately identified the source and use of

funds for food service activities [2 CFR 200.302(b)(3)]?

Response to be completed

by State Agency