

**Montana Department of Public Health and Human Services  
Child and Adult Care Food Program**

**Request for Specific Prior Written Approval (SPWA) FY23**

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, Financial Management for the Child and Adult Care Food Program.

A partial list of SPWA required budget item includes: contracted labor and/or consultant services; less than arm's length transactions; maintenance and/or service agreement(s); depreciation schedules; purchases or leases of equipment, furniture, or vehicles in excess of \$5000.00, subject to procurement standards; and overtime pay.

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 for the Child and Adult Care Food Program 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.

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Signature of Sponsor's Authorized Representative Date

Approved by State agency: \_\_\_\_\_ Date

This institution is an equal opportunity provider.