



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
AUTHORIZATION OF EQUIPMENT PURCHASE REQUEST

The following information must be sent to the Department of Health and Senior Services, Community Food and Nutrition Assistance, P.O. Box 570, Jefferson City, MO 65102 or by fax to 573-526-3679 or scanned and emailed to CSFP@health.mo.gov at least 45 days prior to purchase. This form shall be completed before the purchase of any equipment with a cost of \$1,000.00 or more.

I hereby request permission to purchase the following item with CSFP funds.

ITEM

QUOTED PRICE #1

#2

#3

VENDER #1

#2

#3

DESCRIPTION

Justification

- Required for startup of operation.
- Required for the operation of an additional site.
- Required to replace current equipment.
- Other-Explain.

Was the current equipment purchased with CSFP funds? **Yes** **No**

If so, what % of CSFP funds paid for the equipment? _____

When was the equipment purchased? _____

Explain how current equipment will be disposed of.

Provide justification for equipment.

Funding source to be used

- Item to be used solely for the CSFP activities.
- Item purchase price to be shared with _____ program. Pro-rate charge accordingly with each program's intended amount of usage. _____% of CSFP funds, _____% of _____ funds. (Fill in % amounts and identify program.)

Requested by

Name

Agency

Date

FOR CSFP USE ONLY

Approved by

Title

Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.