



Idaho Child Nutrition Programs



USDA Foods Diversion Carryover Extension Request Form

This form must be received to prevent raw bulk material carryover balances from the prior year reverting back to the State Account. Extension can be for up to 6 months, depending on approved plan.

Recipient Agency/District Name: _____

Contact Name: _____

Email: _____ Phone: _____

USDA Food Name on Raw Material Balance at Processor: _____

USDA Food Product Number: _____

USDA Pounds Remaining: _____

Processor Name: _____

Contact Name: _____

Email: _____ Phone: _____

Reason for carryover extension past 6 months (must be justifiable):

Usage plan: Please list year, month, pounds used and anticipated balance (should be zero within 6 months)

Year	Month or Period	Pounds of USDA Food Used	Balance

Recipient Agency Authorized Signature:

Signature: _____

Date: _____

SDE USE ONLY:

PLAN APPROVED: Yes Extension granted through: _____

No SDE Authorized Signature: _____

Date: _____