



# Arkansas Department Of Human Services



## Health and Nutrition Programs

### Summer Food Service Program

#### Request for Advance 7CFR 225.9

Request must be received at least 30 days prior to June 1, July 15 and August 15 to receive advance by these dates. Request received less than 30 days prior to these dates shall be acted upon within 30 days of receipt. A sponsor shall not receive an advance for any month in which it will participate in the Program for less than ten days. When determining the amount of advance payments payable to the sponsor, the State Agency shall make the best possible estimate based on the sponsor's request and any other available data. The sum of the advance payment for any one month shall not exceed \$40,000 unless the State Agency determines that a larger payment is necessary for the effective administrative and managerial capability to justify a larger payment. Upon demand of the State Agency, sponsors shall repay any advance program payments in excess of the amount cited on a valid claim for reimbursement.

Name of Facility: \_\_\_\_\_ Agreement # \_\_\_\_\_

Balance from previous year reimbursement \_\_\_\_\_

#### Operating Cost

\_\_\_\_\_ June      Amount Requested \_\_\_\_\_      Date Received \_\_\_\_\_

Will sponsor operate 10 or more days \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Denied      \_\_\_\_\_ Approved      Amount Approved \_\_\_\_\_      Payment Date \_\_\_\_\_

SA Representative \_\_\_\_\_

\_\_\_\_ July                      Amount Requested \_\_\_\_\_                      Date Received \_\_\_\_\_

Except for school food authorities, sponsors must conduct training sessions before receiving the second advance payment.

Will sponsor operate 10 or more days \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Denied \_\_\_\_\_ Approved    Amount Approved \_\_\_\_\_    Payment Date \_\_\_\_\_

SA Representative \_\_\_\_\_

\_\_\_\_ August                      Amount Requested \_\_\_\_\_                      Date Received \_\_\_\_\_

Will sponsor operate 10 or more days \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Denied \_\_\_\_\_ Approved    Amount Approved \_\_\_\_\_    Payment Date \_\_\_\_\_

SA Representative \_\_\_\_\_

#### **Administrative Costs**

\_\_\_\_ June                      Amount Requested \_\_\_\_\_                      Date Received \_\_\_\_\_

Will sponsor operate 10 or more days \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Denied \_\_\_\_\_ Approved    Amount Approved \_\_\_\_\_    Payment Date \_\_\_\_\_

SA Representative \_\_\_\_\_

\_\_\_\_ July                      Amount Requested \_\_\_\_\_                      Date Received \_\_\_\_\_

Sponsor must certify that it is operating the number of sites for which the administrative budget was approved and that its projected administrative cost do not differ significantly from the approved budget.

Will sponsor operate 10 or more days \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Denied \_\_\_\_\_ Approved    Amount Approved \_\_\_\_\_    Payment Date \_\_\_\_\_

SA Representative \_\_\_\_\_

\_\_\_\_\_ August      Amount Requested \_\_\_\_\_      Date Received \_\_\_\_\_  
 (Not applicable unless sponsor operates for less than 10 days in June but for at least 10 days in August,  
 the second advance administrative costs payments shall be made by August 15).

\_\_\_\_\_ Denied    \_\_\_\_\_ Approved    Amount Approved \_\_\_\_\_    Payment Date \_\_\_\_\_

SA Representative \_\_\_\_\_

By signing this request, the sponsor certifies that training of SFSP staff has been conducted, it is operating the number of sites for which the administrative budget was approved and that its projected administrative costs do not differ significantly from the approved budget. The sponsor also fully understands that the State Agency will deduct the advance payment from submitted claims until advance is fully recovered by the State Agency. Any amount in excess of submitted claims must be repaid by the sponsor.

\_\_\_\_\_  
 Sponsor Signature

\_\_\_\_\_  
 Date

**You may fax to attn: Shelia Bailey @ 501-682-2334, mail to P O Box 1437, Slot S-155,  
 Little Rock, AR 72203-1437 or email to shelia.bailey2@ Arkansas.gov**