



Division of Child Care and Early Childhood Education
Health and Nutrition

P O Box 1437, Slot S155
501-682-8869 · Fax: 501-682-2334 · TDD: 501-682-1550



Request to Submit a Late Claim

School Food Authority (SFA) _____

Agreement # _____

Person Submitting Request _____ Title _____

Month/Year Request is Submitted For _____

National School Lunch Program (NSLP) Regulation 7 CFR 210.8 (b)(1) Submission timeframes. A final claim for reimbursement shall be postmarked or submitted to the State Agency not later than 60 days following the last day of the full month covered by the claim

FNS 60/90 day Guidance permits a one-time exception to be granted whenever a School Food Authority (SFA) has not been granted an exception during the previous 36 month period. This exception will permit the State Agency (SA) to grant approval for one valid monthly claim submitted after the 60 day deadline when the lateness is due to reasons within the SFA control and the SFA submits an approvable Corrective Action plan (CAP). The CAP must include:

actions to be taken to avoid repetition of the situation linked to the late claim submission;

actions to be taken to avoid any future late claim submission from the same or other causes;

a statement that the SFA understands that the one-time exception is once in 36 months; any future late claim submission will not be paid (unless the lateness can be attributed to conditions beyond the control of the SFA); and

signature of the person who entered into an agreement with the SA or FNS to operate the CN program.

Date Received by HNP _____

_____ Approved _____ Denied Authorized SA Signature _____

Reason for Denial _____

CORRECTIVE ACTION PLAN (CAP)

Reason for Request _____

Actions to be taken to avoid repetition of the situation linked to the late claim submission;

Actions to be taken to avoid any future late claim submission from the same or other causes;

This SFA _____ understands that the one-time exception is once in 36 months; any future late claim submission will not be paid (unless the lateness can be attributed to conditions beyond the control of the SFA)

SFA Authorized Signature from Business Maintenance Page

Date

Printed Name

Title

Request (both pages) may be faxed to HNP at 501-682-2334 or mailed to HNP, P. O. Box 1437, Slot S-155, Little Rock, AR 72203-1437

02/11/14

