



**Division of Childcare and Early
Childhood Education
Special Nutrition**



P O Box 1437 Slot 155 · Little Rock, AR 72205
501-682-8869 · Fax: 501-682-2334 · TDD: 501-682-1550

**SFSP PROGRAM INCOME
EXCESS FUNDS FORM**

Sponsor Name: _____ Sponsor Agreement #: _____

Address: _____ City/State: _____

Phone Number: _____ Email: _____

Sponsors with excess funds remaining upon program completion should use the funds for allowable SFSP expenses, such as improving feeding sites or food preparation facilities, start-up funds for the next year, improving the food quality for the following summer or expenses related to other Child Nutrition Programs operated by the sponsor. Please refer to FNS Instruction 796-4, Revision 4, to determine whether excess fund expenditures are allowable or unallowable costs.

Sponsors may not use excess funds for non-program operations or to increase salary or fringe benefit costs when done solely for the purpose of reducing the excess funds balance.

Sponsors choosing not to participate in the SFSP during the subsequent year may use the excess funds for expenses related to other Child Nutrition Programs operated by the sponsor. If the sponsor does not administer any other Child Nutrition Programs, **the excess funds must be remitted to the State agency.**

Funds accruing to the program must be documented but will not be deducted from a sponsor's reimbursement. The sources of funds that are considered program income include:

- Any federal, state or local funds specifically provided to the program.

Please check the appropriate statement below, sign and date the form. Complete the attached itemized list if applicable on the last page. Send the form to your Summer Food Service Program by mail or fax to the address and phone number above or by email to Vickie.stewart@dhs.arkansas.gov. The deadline for submission of the form is April 15, 2014 with a completed application.

**SFSP Program Income
Excess Funds Form
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_____ I certify there were no excess funds at the end of the 2013 summer program.

_____ I certify there were excess funds of _____ at the end of the 2013 summer program and the funds will be used for the 2014 summer program.
Complete the attached itemized list on the next page.

_____ I certify there were excess funds of _____ at the end of the 2013 summer program and the funds were used as identified on the attached itemized list. _____

Complete the attached itemized list on the next page and identify the program areas in which funds will be appropriated.

By signing this form, I certify that to the best of my knowledge and belief, this information is true and correct in all respects and that records are available to support this statement if requested.

Signature of Certifying Official
(Cannot be an FSMC
employee/company)

Date

Contact Information:

1-800-482-5850 ext. 682-8869

SFSP- Summer Food Service Program
CACFP- Child and Adult Care Food Program
NSLP- National School Lunch Program
SBP- School Breakfast Program
FSMC- Food Service Management Company

