



Division of Child Care and Early Childhood Education Health and Special Nutrition Unit



PO BOX 1437, SLOT 155-LITTLE ROCK, AR 72203 501-682-8869* Fax: 501-682-2334 *TDD: 501-682-1550

SFSP END OF SUMMER REVIEW WORKSHEET

SPONSOR NAME: _____

DATE: _____

AGREEMENT #: _____

SFSP ADVANCE AMOUNT (if applicable 2014) \$ _____

SFSP FOOD AND MILK EXPENSES (May, June, July and August 2014) \$ _____

TOTAL SFSP CLAIM REIMBURSEMENT (May, June, July & August 2014) \$ _____

SFSP EXPENSES SUPPLIES & WAGES (May, June, July & August 2014) \$ _____

CASH DONATIONS TO SFSP 2014 \$ _____

SFSP 2014 EXCESS/(DEFICIT) PROGRAM FUNDS \$ _____

BANK ACCOUNT BALANCE FOR SFSP FUNDS AS OF AUGUST 31, 2014 \$ _____

ENDING INVENTORY VALUE FOOD & SUPPLIES SFSP 2014 (\$ Amount at program end date) \$ _____

SFSP VALUE OF COMMODITIES RECEIVED 2014 (\$ amount if applicable) \$ _____

I certify to the best of my knowledge and belief that the information I am providing is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and State Agency personnel may, for cause, verify the information I am providing is accurate and correct. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution providing this information to prosecution under applicable Federal and /or State statutes.

AUTHORIZED SIGNATURE

PRINTED NAME, TITLE