



**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

August 13, 2014

Attention Summer Food Program sponsors,

The 2014 Summer Food Program is coming to a close and many are preparing to begin the 2014-15 CACFP at Risk. The 2014 Summer Food Program was very successful and has seen another year of substantial growth in new sponsors, new sites, and ultimately more children being served nutritious meals. Thank you to everyone for the hard work and dedication in making the Summer Food Program a success.

To start the end of program review, attached is the Summer Food Program End of Summer Review Worksheet that needs to be completed and returned by **September 19th, 2014** to:

Health and Nutrition Unit

Attn: Lakesha Warren

P.O. Box 1437, Slot 155

Little Rock, AR 72203

This worksheet may be emailed to Lakesha.warren@dhs.arkansas.gov and is available on the SNP Resource Library in an Excel Spreadsheet format for download. If you require assistance please don't hesitate to contact the SNP unit at 501-320-6401.

Sincerely,

Vickie Stewart, Program Manager
CACFP At-Risk Afterschool Program Manager
Summer Food Service Program (SFSP) Manager



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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