

2020 SFSP END OF THE SUMMER WORKSHEET

SPONSOR NAME: _____ DATE: _____

AGREEMENT #: _____

*SFSP ADVANCE
AMOUNT (if
applicable 2020)*

\$ _____

*SFSP FOOD AND MILK
EXPENSES (May,
June, July and August
2020)*

\$ _____

*TOTAL SFSP CLAIM
REIMBURSEMENT
(May, June, July,
August and
September 2020)*

\$ _____

*SFSP Only
EXPENSES
SUPPLIES & WAGES
(May, June, July,
August and September
2020)*

\$ _____

*CASH DONATIONS
IN SFSP 2020*

\$ _____

*SFSP 2020
EXCESS/(DEFICIT)
PROGRAM FUNDS*

\$ _____

*BANK ACCOUNT
BALANCE FOR SFSP
FUNDS AS OF*

December 31, 2020 \$ _____

*ENDING
INVENTORY VALUE
FOOD & SUPPLIES
SFSP 2020 (\$
Amount at
program end date) \$*

\$ _____

*SFSP VALUE OF
COMMODITIES
RECEIVED 2020 (\$
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