



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

2021 SFSP END OF THE SUMMER WORKSHEET

SPONSOR NAME: _____ DATE: _____

AGREEMENT NUMBER: _____

SFSP ADVANCE AMOUNT
(If applicable for 2021) \$ _____

SFSP FOOD AND MILK EXPENSES
(May through August 2021) \$ _____

TOTAL SFSP CLAIM REIMBURSEMENT
(May through September 2021)
\$ _____

SFSP EXPENSES ONLY (SUPPLIES & WAGES)
(May through September 2021)
\$ _____

CASH DONATIONS IN
SFSP 2021 \$ _____

SFSP 2021 EXCESS/(DEFICIT)
PROGRAM FUNDS \$ _____

BANK ACCOUNT BALANCE FOR SFSP
FUNDS AS OF DECEMBER 31, 2021 \$ _____

ENDING INVENTORY VALUE
FOOD & SUPPLIES SFSP 2021
(\$ amount at program end) \$ _____

SFSP VALUE OF COMMODITIES
RECEIVED IN 2021 (\$ 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.

Printed Name & Title

Signature