



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**

Division of Child Care & Early Childhood Education

P.O. Box 1437, Slot S155, Little Rock, AR 72203-1437

P: 501.682.8869 TDD: 501.682.1550

MEMORANDUM

TO: All USDA Summer Food Service Programs (SFSP) Participants and At-Risk Programs (If Applicable)
FROM: Health and Nutrition Unit
DATE: September 20, 2022
SUBJECT: 2022 End of Summer Worksheet

Enclosed is the 2022 End of Summer Worksheet. All Sponsors must complete & upload the attached worksheet to the paper documents section of the 2022 SFSP Application. CACFP At-Risk Programs that operated an SFSP Program during the summer must also upload a copy of this document into the 2023 CACFP At-Risk Application. It is the responsibility of the sponsoring organization to upload all required documentation.

Please title this uploaded worksheet “2022 SFSP Worksheet”. The deadline for the submission of the document is October 31, 2022. Failure to comply will result in a Corrective Active Plan requirement for your organization.

For more information pertaining to this USDA requirement, see Memo SFSP-08-2016, dated November 12, 2015. This memo is uploaded in the SNP Resource Library Archives under Training Materials for SFSP 2015.

It is highly recommended that you keep a copy of this memo for quick and easy reference. A copy is also available on the Special Nutrition Program (SNP) Resource Library under 2022 Mass Alerts. If you have any questions regarding this memorandum, please contact the Health and Nutrition Unit for assistance. Thank you for your participation with SFSP.

2022 SFSP END OF THE SUMMER WORKSHEET

Sponsor's Name: _____

Date: _____

Name of Institution: _____

Agreement #: _____

SFSP Advance Amount (if applicable 2022)	\$	SFSP Food & Milk Expense for May, June, July, and August 2022	\$
Total SFSP Claim Reimbursement for May, June, July, August, and September 2022	\$	SFSP Expenses for Supplies and Wages for May, June, July, August, and September 2022	\$
SFSP Cash Donation 2022	\$		
SFSP 2022 Excess/Deficit Program Funds	\$	Bank Account Balance for SFSP Funds as of October 31, 2022	\$
Ending Inventory Value Food and Supplies for SFSP 2022 (\$ Amount at Program End Date)	\$	SFSP Value of Commodities Received 2022 (\$ 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 I have provided in connection with the receipt of Federal funds and State Agency personnel may for cause, verify the information that I am providing is accurate and correct. I fully understand that deliberate misrepresentation may subject me and any principal or responsible person in the Institution providing this information not prosecution under applicable Federal and/or State statutes.

Print Name of Authorized Representative: _____

Title of Authorized Representatives: _____

Signature of Authorized Representative: _____