



Division of Child Care and Early Childhood Education

P.O. Box 1437, Slot S140 · Little Rock, AR 72203-1437
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MEMORANDUM

TO: All Summer Food Service Program (SFSP) Participants
FROM: Health and Nutrition Program Unit
DATE: November 4, 2019
SUBJECT: 2019 End of the Summer Worksheet

Enclosed is the 2019 End of the Summer Worksheet. All Sponsors must complete & upload the attached worksheet to your 2019 SFSP Application (uploads). It is the responsibility of the sponsoring organization to upload all required documentation.

Please title this uploaded worksheet "2019 SFSP Worksheet". 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**.

For questions, please call 501-682-8869.

2019 SFSP END OF THE SUMMER WORKSHEET

SPONSOR NAME: _____

DATE: _____

AGREEMENT #: _____

*SFSP ADVANCE
AMOUNT (if
applicable 2019)*
\$ _____

***SFSP** FOOD AND MILK
EXPENSES (May,
June, July and August
2019)* \$ _____

TOTAL ***SFSP*** CLAIM
REIMBURSEMENT
(May, June, July &
August 2019)
\$ _____

***SFSP Only**
EXPENSES
SUPPLIES & WAGES
(May, June, July &
August 2019)* \$ _____

CASH DONATIONS
IN ***SFSP*** 2019 \$ _____

***SFSP** 2019
EXCESS/(DEFICIT)
PROGRAM FUNDS*
\$ _____

BANK ACCOUNT
BALANCE FOR ***SFSP***
FUNDS AS OF
AUGUST 31, 2019 \$ _____

ENDING
INVENTORY VALUE
FOOD & SUPPLIES
SFSP 2019 (\$
Amount at
program end date) \$ _____

***SFSP** VALUE OF
COMMODITIES
RECEIVED 2019 (\$
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