A R K A N S A S
D E P A R T M E N T   O F
HUMAN
SERVICES

Division of Child Care and Early Childhood Education

P.O. Box 1437, Slot S140 · Little Rock, AR 72203-1437
501-682-8590 · Fax: 501-683-6060 · TDD: 501-682-1550

MEMORANDUM

TO: All Summer Food Service Program (SFSP) Participants
FROM: Health and Nutrition Program Unit
DATE: January 5, 2021
SUBJECT: 2020 End of the Summer Worksheet

Enclosed is the 2020 End of the Summer Worksheet. All Sponsors must complete & upload the attached worksheet to your 2020 SFSP Application (uploads). It is the responsibility of the sponsoring organization to upload all required documentation.

Please title this uploaded worksheet "2020 SFSP worksheet". The deadline for the submission of the document is **January 31, 2021**. 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** under SFSP Forms

For questions, please call 501-682-8869.

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