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| dhs | Division of Child Care and EarlyChildhood EducationHealth and Nutrition Programs | [Detailed color version of the Great Seal of the State of Arkansas.](http://dhsshare/DHS%20Graphics/!arkseal2.jpg) |
| P.O. Box 1437, Slot 155 · Little Rock, AR 72203-1437  501-682-8869 · Fax: 501-682-2334 · TDD: 501-682-1550 |

**NAME OF SPONSORING ORGANIZATION**

**ACKNOWLEDGEMENT OF EXIT INTERVIEW**

This acknowledgment provides written documentation that an exit interview was granted and held between the state agency and sponsoring organization.  During the interview, the parties discussed preliminary review findings, which the state agency made clear to the sponsoring organization. The complete review will be available for viewing within 5 business days on the SNP system under the spoinsor’s program agreement number. The state agency explained these findings are subject to change and fiscal action may be involved. Any fiscal action may not be determined until further analysis is complete. **Pursuant to 7 CFR 225.7(d)(4), 7 CFR 226.6(k)(4)(i), 7 CFR 210.18(i)(2)**

**Sponsoring Organization**

I, , by signing this document, acknowledge I have been made aware of the preliminary review findings of the review dated . Further, I acknowledge understanding that these findings are subject to change, and an undetermined amount of fiscal action may be found. The reviewer has made me aware that the complete review will be in the SNP system within 5 business days.

Printed Name, Title

Date of Review

**Reviewing Organization**

I, , by signing this document, verify I have provided the sponsoring organization with the preliminary review findings of the review dated .

Date of Review

Printed Name, Title

**Sponsoring Organization Representative:**

Date

Date

Signature

Printed Name, Title

Signature

**Review Team Representative:**

Printed Name, Title