



Division of Child Care and Early Childhood Education

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MEMORANDUM

TO: All Summer Food Service Program (SFSP) Participants
FROM: Health and Nutrition Program Unit
DATE: August 31, 2017
SUBJECT: 2017 End of the Summer Worksheet

Enclosed is the 2017 End of the Summer Worksheet. All Sponsors must complete & upload the attached worksheet to your 2017 SFSP Application (uploads). It is the responsibility of the sponsoring organization to upload all required documentation.

Please title this uploaded worksheet "2017 SFSP worksheet". The deadline for the submission of the document is **October 31, 2017**. 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.

2017 SFSP END OF THE SUMMER WORKSHEET

SPONSOR NAME: _____

DATE: _____

AGREEMENT #: _____

*SFSP ADVANCE
AMOUNT (if
applicable 2017)*
\$ _____

*SFSP FOOD AND MILK
EXPENSES (May,
June, July and August
2017)* \$ _____

*TOTAL SFSP CLAIM
REIMBURSEMENT
(May, June, July &
August 2017)*
\$ _____

*SFSP Only
EXPENSES
SUPPLIES & WAGES
(May, June, July &
August 2017)* \$ _____

*CASH DONATIONS
IN SFSP 2017* \$ _____

*SFSP 2017
EXCESS/(DEFICIT)
PROGRAM FUNDS*
\$ _____

*BANK ACCOUNT
BALANCE FOR SFSP
FUNDS AS OF
AUGUST 31, 2017* \$ _____

*ENDING
INVENTORY VALUE
FOOD & SUPPLIES
SFSP 2017 (\$
Amount at
program end date)* \$ _____

*SFSP VALUE OF
COMMODITIES
RECEIVED 2017 (\$
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