



Arkansas Department Of Human Services



Health and Nutrition Programs

Summer Food Service Program

Request for Advance 7CFR 225.9

Request must be received at least 30 days prior to June 1, July 15 and August 15 to receive advance by these dates. Request received less than 30 days prior to these dates shall be acted upon within 30 days of receipt. A sponsor shall not receive an advance for any month in which it will participate in the Program for less than ten days. When determining the amount of advance payments payable to the sponsor, the State Agency shall make the best possible estimate based on the sponsor's request and any other available data. The sum of the advance payment for any one month shall not exceed \$40,000 unless the State Agency determines that a larger payment is necessary for the effective administrative and managerial capability to justify a larger payment. Upon demand of the State Agency, sponsors shall repay any advance program payments in excess of the amount cited on a valid claim for reimbursement.

Name of Facility: _____ Agreement # _____

Balance from previous year reimbursement _____

Operating Cost

_____ June Amount Requested _____ Date Received _____

Will sponsor operate 10 or more days _____ Yes _____ No

_____ Denied _____ Approved Amount Approved _____ Payment Date _____

SA Representative _____

____ July Amount Requested _____ Date Received _____

Except for school food authorities, sponsors must conduct training sessions before receiving the second advance payment.

Will sponsor operate 10 or more days _____ Yes _____ No
 _____ Denied _____ Approved Amount Approved _____ Payment Date _____

SA Representative _____

____ August Amount Requested _____ Date Received _____

Will sponsor operate 10 or more days _____ Yes _____ No
 _____ Denied _____ Approved Amount Approved _____ Payment Date _____

SA Representative _____

Administrative Costs

____ June Amount Requested _____ Date Received _____

Will sponsor operate 10 or more days _____ Yes _____ No
 _____ Denied _____ Approved Amount Approved _____ Payment Date _____

SA Representative _____

____ July Amount Requested _____ Date Received _____

Sponsor must certify that it is operating the number of sites for which the administrative budget was approved and that its projected administrative cost do not differ significantly from the approved budget.

Will sponsor operate 10 or more days _____ Yes _____ No
 _____ Denied _____ Approved Amount Approved _____ Payment Date _____

SA Representative _____

_____ August Amount Requested _____ Date Received _____
 (Not applicable unless sponsor operates for less than 10 days in June but for at least 10 days in August,
 the second advance administrative costs payments shall be made by August 15).
 _____ Denied _____ Approved Amount Approved _____ Payment Date _____
 SA Representative _____

By signing this request, the sponsor certifies that training of SFSP staff has been conducted, it is operating the number of sites for which the administrative budget was approved and that its projected administrative costs do not differ significantly from the approved budget. The sponsor also fully understands that the State Agency will deduct the advance payment from submitted claims until advance is fully recovered by the State Agency. Any amount in excess of submitted claims must be repaid by the sponsor.

 Sponsor Signature

 Date

You may fax to 501-682-2334 or email to your assigned Health and Nutrition staff member.