



## 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: September 16, 2016  
SUBJECT: 2016 End of the Summer Worksheet

Enclosed is the 2016 End of the Summer Worksheet. All Sponsors must complete & upload the attached worksheet to your 2016 SFSP Application (uploads). It is the responsibility of the sponsoring organization to upload all required documentation.

Please title this uploaded worksheet "2016 SFSP worksheet". The deadline for the submission of the document is **November 30, 2016**. 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 Training Materials for SFSP 2016.

For questions, please call 501-682-8869.

# 2016 SFSP END OF THE SUMMER WORKSHEET

SPONSOR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

AGREEMENT #: \_\_\_\_\_

*SFSP ADVANCE  
AMOUNT (if  
applicable 2016)*  
\$ \_\_\_\_\_

***SFSP** FOOD AND MILK  
EXPENSES (May,  
June, July and August  
2016)* \$ \_\_\_\_\_

*TOTAL **SFSP** CLAIM  
REIMBURSEMENT  
(May, June, July &  
August 2016)*  
\$ \_\_\_\_\_

***SFSP Only**  
EXPENSES  
SUPPLIES & WAGES  
(May, June, July &  
August 2016)* \$ \_\_\_\_\_

*CASH DONATIONS  
IN **SFSP** 2016* \$ \_\_\_\_\_

***SFSP** 2016  
EXCESS/(DEFICIT)  
PROGRAM FUNDS*  
\$ \_\_\_\_\_

*BANK ACCOUNT  
BALANCE FOR **SFSP**  
FUNDS AS OF  
AUGUST 31, 2016* \$ \_\_\_\_\_

*ENDING  
INVENTORY VALUE  
FOOD & SUPPLIES  
**SFSP** 2016 ( \$  
Amount at  
program end date)* \$ \_\_\_\_\_

***SFSP** VALUE OF  
COMMODITIES  
RECEIVED 2016 ( \$  
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