



Division of Child Care and Early Childhood Education Health and Special Nutrition Unit



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2016 SFSP END OF SUMMER REVIEW 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 EXPENSES SUPPLIES & WAGES (May, June, July & August 2016) \$ \_\_\_\_\_

CASH DONATIONS TO 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.

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AUTHORIZED SIGNATURE

\_\_\_\_\_  
PRINTED NAME, TITLE