| Summer Food Service Program Annual Year End Reconciliation Form SPONSOR | | | | | | |
|---|------------------------|---------------------|----------------|-----------------|------------------|--|
| Institution Name | Agreement Number | Federal ID (EIN) | | Number of Sites | Version | |
| institution Name | Agreement Number | rederal ID (EIN) | Program Ye a r | Number of Sites | Original or | |
| | | | | | Original or | |
| | | | | | Amended (Circle) | |
| | | | | | | |
| | | ACTU | AL REVENUE | | | |
| | Prior Year E | xcess Funds | | | | |
| | | | | | | |
| MAY Meal Reimbursement JUNE Meal Reimbursement | | | | | | |
| | | eimbursement | | | | |
| AUGUST Meal Reimbursement | | | | | | |
| | | | | | | |
| TOTAL PROGRAM INCO. | | GRAM INCOME | | | \$0.00 | |
| | ADMINISTRAT | IVE AND OPERATIONAL | EXPENSES | | | |
| | | | Amount | Actual Allo | wable Cost | |
| | | Colu | | | umn B | |
| | | | | | | |
| Food | costs | | | | | |
| Non-Food St | upply Costs | | | | | |
| Facilities and | Space Costs | | | | | |
| | Operating | | | | | |
| | Administrative | | | | | |
| | | \$0 | .00 | \$ | 0.00 | |
| Labor | Costs | | | | | |
| Site Labor | | | | | | |
| Kitchen Labor | | | | | | |
| Administrator | | | | | | |
| Bookkeeper/Accountant | | | | | | |
| Monitors | | | | | | |
| Clerical Staff | | | | | | |
| Drivers | 7 / 15 / 1 / 0 / | 40 | 0.0 | | 0.00 | |
| 0 | Total For Labor Costs | \$0 | .00 | \$ | 0.00 | |
| Contracte | | | | | | |
| | Operating | | | | | |
| Total | Administrative | φn | 00 | 4 | 0.00 | |
| Total For Contracted Costs | | \$0.00 | | 3 | 0.00 | |
| Equipment \$5000 or over | | | | | | |
| Equipment \$3000 or over | Operating | | | | | |
| | Administrative | | | | | |
| Equipment Rental/Lease (| | | | | | |
| Equipment Rental/Leace (| Operating | | | | | |
| | Administrative | | | | | |
| | Total for Equipment | \$0 | .00 | \$ | 0.00 | |
| Supp | | · | | | | |
| Expendable Supplies | | | | | | |
| | Operating | | | | | |
| | Administrative | | | | | |
| Durable | | | | | | |
| | Operating | | | | | |
| | Administrative | | | | | |
| | Total for Supplies | \$0 | .00 | \$ | 0.00 | |
| Communic | ation Cost | | | | | |
| Celluar | | | | | | |
| Telephone, Internet | | | | | | |
| Postage | otal for Communication | фл. | 00 | Α. | 0.00 | |
| Travel | otal for Communication | \$0 | .00 | \$ | 0.00 | |
| Mileage | ouala | | | | | |
| ivilleage | Operating | | | | | |

| Adminstrative | I | | | |
|--|-------------------|--------|--|--|
| Vehicle Rental | | | | |
| Operating | | | | |
| Adminstrative | | | | |
| Total for Travel Costs | \$0.00 | \$0.00 | | |
| Contracted Costs (nonfood) | | | | |
| Audit Costs | | | | |
| Maintenance Contracts | | | | |
| Total for Contracted Costs | \$0.00 | \$0.00 | | |
| Utilities, Maintenance, Janitoral | | | | |
| Utilities for Kitchen/Serving Area | | | | |
| Office Space Utilities | | | | |
| Maintenance | | | | |
| Operating | | | | |
| Administrative | | | | |
| Janitorial | | | | |
| Operating | | | | |
| Administrative | | | | |
| Total for Utilities/Maintenance/Janitorial | \$0.00 | \$0.00 | | |
| Other & Special Item Costs | | | | |
| Advertising Public Relations | | | | |
| Meetings & Conferences | | | | |
| Participant Training and Support Costs | | | | |
| Proposal Costs | | | | |
| Publication, Printing & Reproduction | | | | |
| Insurance Costs | | | | |
| | | | | |
| Total for Other & Special Items Costs | \$0.00 | \$0.00 | | |
| Indirect Costs | | | | |
| | | | | |
| Total Adminstrative and Operationsal Expenses | ses \$0.00 \$0.00 | | | |
| | | | | |
| Unallowable Costs: If Column B > Column A, then subtract Column B - Column A and enter difference here. Leave blank if | | | | |
| , | \$0.00 | | | |
| Total Expenses - U | \$0.00 | | | |

| Unallowable Costs: If Column B > Column A, then subtract Column B - Column A and enter difference here. Leave blank if Column B < Column A. | \$0.00 | | | | |
|---|--------|--|--|--|--|
| Total Expenses - Unallowable Costs = Total Allowable Expenses | \$0.00 | | | | |
| Total Program Income-Total Allowable Expenses = EXCESS PROGRAM INCOME OVER EXPENSES | \$0.00 | | | | |
| | | | | | |
| Excess funds will be used for next year's summer food service program | | | | | |
| Excess funds will be used for another Child Nutrition (Name Programs): | | | | | |
| We will not be returning to the summer food program next year | | | | | |
| | | | | | |
| I certify that the above is a correct accounting of disbursement of Summer Food Service Program funds. | | | | | |
| All documentation for the above information is on file and available for review. | | | | | |
| | | | | | |
| Signature | Date | | | | |