State of Alabama  
Department of Education - Child Nutrition Programs  
Summer Food Service Program  
Financial Summary Form for FY 2019

SFSP Sponsor's Official Name ___________________________  
Agreement Number __________

The organization's financial administrator should fill out this form.  
The plan in Questions 3 and 5 should be developed with the assistance of the Official Sponsor and the director of the SFSP program.

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<table>
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<tbody>
<tr>
<td>1. Actual Earnings for SFSP FY 2019</td>
<td>Enter the total (Administrative and Operational) year to date reimbursement received from the Alabama Department of Education. Please do not include amounts refunded or returned to the Department of Education for overpayments.</td>
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<td>$________________</td>
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<td>2. Actual allowable, documented costs incurred for SFSP FY 2019</td>
<td>Enter total year-to-date costs (Administrative and Operational). CAMPS: enter allowable costs for free/reduced eligible children only. Include both Administrative and Operational costs.</td>
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<td>3. Actual profit (loss) for SFSP FY 2019</td>
<td>Subtract line 2 from line 1:</td>
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<td>$________________</td>
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Please answer question 4 or question 5, whichever is as applicable.

4. If item 3 above shows that your SFSP operated at a **profit for FY 2019**, provide a plan detailing how excess SFSP funds will be used. (Acceptable explanations include improving the meal service or other aspects of the SFSP, keeping excess funds for next year’s SFSP, and/or paying for allowable costs of other Child Nutrition Programs for which the sponsor has an approved agreement with the Department of Education i.e., National School Lunch/Breakfast Programs, CACFP).  
Be specific. Attach additional pages as necessary.  

5. If item 3 above indicates the SFSP operated at a **loss for FY 2019**:  
a. Provide a plan detailing how sponsor will control costs to avoid future operational deficiencies. Attach additional pages as necessary.  

b. Identify the **source(s)** that paid any loss. (Required answer for Question #5)  

I certify that the information contained herein is true and correct.

Name of Highest Ranking Official ___________________________  
Name of Financial Official ___________________________

Signature of Highest Ranking Official ___________ DATE ___________  
Signature of Financial Official ___________ DATE ___________