

**Submission Studio**

**Form Name:** FNS-874 (10-15)  
**Form Description:** Local Education Agency Second Review of Applications  
**Program:** Child Nutrition Programs  
**State:** WV  
**Agency Code:** 5499999 **Agency Name:** Test Agency  
**Program Time:** January 2019  
**Submission Type:** Annual **Revision:** 0  
**Submission Status:** New Submission

**Report** | [Remarks](#)

State Agency	SFA/LEA ID	SFA/LEA Name	School Year From	School Year To	1-1. Total Number of Schools in LEA	1-2. Total Number of Enrolled Students in LEA	1-3. Total number of applications (Report all applications subject to second review)	1-4. Total number of applications with changed eligibility determinations (Report all applications resulting in a changed determination due to the second review process)	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 1. NO CHANGE
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								