

Attachment C. Form FNS-640 Administrative Review Data Report



Simplified Studio

**Form Name:** FNS-640 (1-18)  
**Form Description:** Administrative Review Report  
**Program:** Child Nutrition Programs  
**State:** AR  
**Agency Code:** 0591501 **Agency Name:** AR DEPT OF EDUCATION  
**Program Time:** September 2018  
**Submission Type:** Annual **Revision:** 0  
**Submission Status:** Work in Progress

Analyze Save Post Delete Quit

Summary Errors Warnings Remarks

Summary of uploaded Excel file

	SFA-ID#	Total # of schools
	12345	1
	123456	1
<b>Total Count</b>	<b>2</b>	<b>2</b>







A3. Fiscal Action		A4. Resource Management				
A3-6. Underclaim paid to SFA (\$)	A3-5. Were Funds Withheld or Recovered (Select [1] if Yes)	A4-1. Risk Flag(s) Triggered (Select [1] all that apply)				
		A4-1E. Indirect Costs				
		A4-1D. Revenue from NonProgram Foods				
		A4-1C. Paid Lunch Equity				
		A4-1B. NonProfit School Food Service Account				
A4-1A. SFA Enrollment						
A3-4. Was Overclaim Disregarded (Select [1] if Yes)						
A3-3. Afterschool Snacks Total Overclaim/Underclaim (\$+/-)						
A3-2. SBP Total Overclaim/Underclaim (\$+/-)						