

## Attachment T18. Special Provisions Non-Base Year and CEP Claiming Percentage/Funding Level Summary Form (SFA-1A)

This information is being collected from State agencies, school food authorities, schools. This is a revision of a currently approved information collection. The Richard B. Russell National School Lunch Act (NSLA) 42 U.S.C. § 1758, as amended, authorizes the National School Lunch Program (NSLP). This information is required to administer and operate this program in accordance with the NSLA. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0006. The time required to complete this information collection is estimated to average 47.5 hours of reporting burden per response. The burden consists of the time it takes for the State agency to conduct the off-site portion of the review which includes scheduling of the review and the completion of the Off-site Assessment, Resource Management Risk Indicator, and Site Selection Tools. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0006). Do not return the completed form to this address.

**Special Provisions Non-Base Year and CEP  
Claiming Percentage/Funding Level Summary Form**

OMB  
#0584-0006  
Expiration Date  
xx/xx/20xx

{ } NSLP  
{ } SBP

Claiming Percentages and Funding Levels (Review Period, Day of Review Period, and/or any other Review Claiming Period)				
A. Site name/SPO Type/Month	B. SFA Claiming % *	C. SA Validated Claiming	D. SFA Funding Level	E. SA Validated Funding Level
1)	F - R - P -	F - R - P -	Total: _____	Total: _____
2)	F - R - P -	F - R - P -	Total: _____	Total: _____
3)	F - R - P -	F - R - P -	Total: _____	Total: _____
4)	F - R - P -	F - R - P -	Total: _____	Total: _____
5)	F - R - P -	F - R - P -	Total: _____	Total: _____
6)	F - R - P -	F - R - P -	Total: _____	Total: _____
7)	F - R - P -	F - R - P -	Total: _____	Total: _____
8)	F - R - P -	F - R - P -	Total: _____	Total: _____
9)	F - R - P -	F - R - P -	Total: _____	Total: _____
10)	F - R - P -	F - R - P -	Total: _____	Total: _____

**Special Provisions Non-Base Year and CEP  
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**Use this form for all sites for the Review Period, Day of Review Period, and/or any other Review Claiming Period where errors occurred:**

A: Record the name of each Special Provision Option site and type selected for review and the month impacted.

B: This column is for Provision 2 and CEP only. Record the *claiming percentages* used by the SFA to calculate the reviewed site's monthly claim for reimbursement. \* For CEP there will be no Reduced Price category. This information is listed on the S-1, Line 1.

C: This column is for Provision 2 and CEP only. Record the SA validated *claiming percentages* for the reviewed site. \* For CEP there will be no Reduced Price category.

D: This column is for Provision 3 only. For Provision 3 record the *funding level* used by the SFA to calculate the reviewed site's monthly claim for reimbursement. This information is listed on the S-1, Line 1.

E: This column is for Provision 3 only. Record the SA validated *funding level* for the reviewed site.

NOTE: The data recorded on SFA-1A will be transferred to the appropriate tab of the Fiscal Action Workbook. See the Fiscal Action Module of the Administrative Manual. Additionally, hoovers have been included in the Fiscal Action Workbook for reference.