

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
Total Count	2	2

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 (\$+/-)						