



	A1. General SFA					
A1-1. SFA ID	A1-2. SFA Name	A1.3. Review Period (Month)	A1-4. Review Period (Year)	A1-5. Total # Schools offering SBP	mplect A2-1B. 95% Confidence Level /Electronic Sysytem	

A2. Certification and Benefit Issuance Review

A2			A2-4. SA Count of					
A2-2.	A2-3. SFA Count of		Reviewed Students					
Tot	Reviewe	ed Students (#)	(#)		A2-5. Application Errors by Type (
Total # of Students Reviewed (i.e. Sample Size #)	A2-3A. Free	A2-3B. Reduced price	A2-4A. Free	A2-4B. Reduced price	A2-5A. Child or Household Name	A2-5B. Case Number	A2-5C. Income Amount or Source	A2-5D. Social Security # (last 4 digits)

Method	A2-6. Total # of Applications Miscategorized A2-7. Total # of Benefit Issuance Errors									
#A2-5E. Adult Signature	A2-6A. Free -> Reduced Price	Miscate A2-6B. Free -> Paid	d A2-6C. Reduced price ->	A2-6D. Reduced price ->	7. A2-7A. Free -> Reduced Price	otal # A2-7B. Free -> Paid	nefit A2-7C. Reduced price ->	Errors A2-7D. Reduced price ->	A3-1. NSLP Total Overclaim/Underclaim (\$ +/-)	

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