

**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

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**Report** Remarks

1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 1. NO CHANGE	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE a. Incomplete application error	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE b. Categorical eligibility error	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE c. Gross income calculation error	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 2. Changed to FREE d. Other error	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE a. Incomplete application error	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE b. Categorical eligibility error	1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE c. Gross income calculation error

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