

Subvention Studio

Form Name: FNS-44 (FNS-44)
Agency: AL STATE DEPT OF EDUCATION
Agency Code: 000000
Agency Name: AL STATE DEPT OF EDUCATION
Agency Type: Other
Agency Address: 1000 N. RIVERSIDE BLVD, MONTGOMERY, AL 36102
Agency Phone: (205) 261-1000
Agency Fax: (205) 261-1000
Agency Email: info@doe.edu

Buttons: Save, Cancel, Print, Refresh, Help

Part 4 - (F) Part 4 (Continuation Worksheet)

Part 4 - (F)	Part 4 - (F)	Part 4 - (F)	Part 4 - (F)	Part 4 - (F)	Part 4 - (F)	Part 4 - (F)	Part 4 - (F)	Part 4 - (F)	Part 4 - (F)
1. State Agency Name	2. State Agency Code	3. State Agency Type	4. State Agency Address	5. State Agency Phone	6. State Agency Fax	7. State Agency Email	8. State Agency Website	9. State Agency Contact Person	10. State Agency Contact Title
11. State Agency Name	12. State Agency Code	13. State Agency Type	14. State Agency Address	15. State Agency Phone	16. State Agency Fax	17. State Agency Email	18. State Agency Website	19. State Agency Contact Person	20. State Agency Contact Title
21. State Agency Name	22. State Agency Code	23. State Agency Type	24. State Agency Address	25. State Agency Phone	26. State Agency Fax	27. State Agency Email	28. State Agency Website	29. State Agency Contact Person	30. State Agency Contact Title
31. State Agency Name	32. State Agency Code	33. State Agency Type	34. State Agency Address	35. State Agency Phone	36. State Agency Fax	37. State Agency Email	38. State Agency Website	39. State Agency Contact Person	40. State Agency Contact Title
41. State Agency Name	42. State Agency Code	43. State Agency Type	44. State Agency Address	45. State Agency Phone	46. State Agency Fax	47. State Agency Email	48. State Agency Website	49. State Agency Contact Person	50. State Agency Contact Title
51. State Agency Name	52. State Agency Code	53. State Agency Type	54. State Agency Address	55. State Agency Phone	56. State Agency Fax	57. State Agency Email	58. State Agency Website	59. State Agency Contact Person	60. State Agency Contact Title
61. State Agency Name	62. State Agency Code	63. State Agency Type	64. State Agency Address	65. State Agency Phone	66. State Agency Fax	67. State Agency Email	68. State Agency Website	69. State Agency Contact Person	70. State Agency Contact Title
71. State Agency Name	72. State Agency Code	73. State Agency Type	74. State Agency Address	75. State Agency Phone	76. State Agency Fax	77. State Agency Email	78. State Agency Website	79. State Agency Contact Person	80. State Agency Contact Title
81. State Agency Name	82. State Agency Code	83. State Agency Type	84. State Agency Address	85. State Agency Phone	86. State Agency Fax	87. State Agency Email	88. State Agency Website	89. State Agency Contact Person	90. State Agency Contact Title
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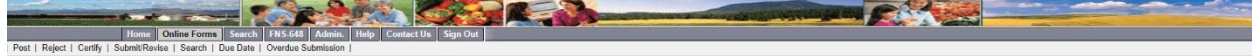
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Submission Studio

Form Name: FNS-44 (8-11)
Form Description: Report of the Child and Adult Care Food Program
Program: Child Nutrition Programs
State: AL
Agency Code: 0191501 **Agency Name:** AL STATE DEPT OF EDUCATION
Program Time: October 2018
Submission Type: 90 **Revision:** 1
Submission Status: New Submission

Analyze Save Edit Check Post Quit

Parts A - D **Part E (Complete Monthly)** Remarks

Part E (Complete Monthly)	(A) Child Care Centers	(B) Day Care Homes	(C) Adult Day Care	(D) Total Sum of Cols. A + B + C																
Meal Type	(A1) All, Inc. At-Risk	(A2) At-Risk Only	Tier I	Tier II Higher	Tier II Lower	(C) Adult Day Care	(D) Total Sum of Cols. A1 + B + C													
Breakfast																				
Free																				
Actual 22																				
Estimated 23																				
Total 24																				
Reduced																				
Actual 25																				
Estimated 26																				
Total 27																				
Paid																				
Actual 28																				
Estimated 29																				
Total 30																				
Lunches																				
Free																				
Actual 31																				
Estimated 32																				
Total 33																				
Reduced																				
Actual 34																				
Estimated 35																				
Total 36																				
Paid																				
Actual 37																				
Estimated 38																				
Total 39																				
Suppers																				
Free																				
Actual 40																				
Estimated 41																				
Total 42																				
Reduced																				
Actual 43																				
Estimated 44																				
Total 45																				
Paid																				
Actual 46																				
Estimated 47																				
Total 48																				
<table border="1"> <thead> <tr> <th>Meal Type</th> <th>(A) Child Care Centers</th> <th>(B) Day Care Homes</th> <th>(C) Adult Day Care</th> <th>(D) Total Sum of Cols. A1 + B + C</th> </tr> <tr> <th></th> <th>(A1) All, Inc. At-Risk</th> <th>(A2) At-Risk Only</th> <th>Tier I</th> <th>Tier II Higher</th> <th>Tier II Lower</th> <th>(C) Adult Day Care</th> <th>(D) Total Sum of Cols. A1 + B + C</th> </tr> </thead> </table>								Meal Type	(A) Child Care Centers	(B) Day Care Homes	(C) Adult Day Care	(D) Total Sum of Cols. A1 + B + C		(A1) All, Inc. At-Risk	(A2) At-Risk Only	Tier I	Tier II Higher	Tier II Lower	(C) Adult Day Care	(D) Total Sum of Cols. A1 + B + C
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Snacks																				
Free																				
Actual 49																				
Estimated 50																				
Total 51																				
Reduced																				
Actual 52																				
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Paid																				
Actual 55																				
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Total 57																				
Total Meals Free 58																				
Total Meals Reduced 59																				
Total Meals Paid 60																				