

# Attachment O (2) Form FNS-640A Administrative Review Data Report

1. STATE	2. PROGRAM	3. AGENCY CODE	4. NAME & ADDRESS OF STATE AGENCY	5. REPORTING YEAR
	CN			School Year 2018-2019

A1. General SFA Information					A2-1. Sampling Methodology (Select [1] one)			A2-3. SFA Count of Reviewed Students (#)		
A1-1. SFA ID	A1-2. SFA Name	A1-3. Review Period (Month)	A1-4. Review Period (Year)	A1-5. Total # Schools offering SBP	A2-1A. 100%	A2-1B. 95% Confidence Level / Electronic System	A2-1C. 99% Confidence Level / Manual System	A2-2. Total # of Students Reviewed (i.e. Sample Size #)	A2-3A. Free	A2-3B. Reduced price

**A2. Certification and Benefit Issuance Review Method**

A2-4. SA Count of Reviewed Students (#)		A2-5. Application Errors by Type (#)				A2-6. Total # of Applications Miscategorized				A2-7	
A2-4A. Free		A2-5A. Child or Household Name	A2-5B. Case Number	A2-5C. Income Amount or Source	A2-5D. Social Security # (last 4 digits)	A2-5E. Adult Signature	A2-6A. Free -> Reduced Price	A2-6B. Free -> Paid	A2-6C. Reduced price -> Paid	A2-6D. Reduced price -> Free	A2-7A. Free -> Reduced Price

		<b>A3. Fiscal Action</b>						<b>A4. Resource Management</b>											
<b>. Total # of Benefit Issuance Errors</b>		<b>A3-1. NSLP Total Overclaim/Underclaim (\$ -/+)</b>		<b>A3-2. SBP Total Overclaim/Underclaim (\$ -/+)</b>		<b>A3-3. Afterschool Snacks Total Overclaim/Underclaim (\$ -/+)</b>		<b>A3-4. Was Overclaim Disregarded (Select [1] if Yes)</b>		<b>A3-5. Were Funds Withheld or Recovered (Select [1] if Yes)</b>		<b>A3-6. Underclaim paid to SFA (\$)</b>			<b>A4-1. Risk Flag(s) Triggered (Select [1] all that apply)</b>				
<b>A2-7B. Free -&gt; Paid</b>		<b>A2-7D. Reduced price -&gt; Free</b>		<b>A4-1A. SFA Enrollment</b>		<b>A4-1B. NonProfit School Food Service Account</b>		<b>A4-1C. Paid Lunch Equity</b>		<b>A4-1D. Revenue from NonProgram Foods</b>		<b>A4-1E. Indirect Costs</b>							