

Attachment F: FPRS Form FNS-874 Local Educational Agency Second Review of Applications

Submission Studio

Form Name:	FNS874 (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 2023		
Submission Type:	Annual	Revision:	0
Submission Status:	New Submission		

Analyze Save EditCheck Post Quit

Report Remarks

Remarks

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 2023
Submission Type: Annual **Revision:** 0
Submission Status: New Submission

Report

State Agency	SFA/LEA ID	SFA/LEA Name	School Year From	School Year To	1-1. Total Number of Schools in LEA	1-2. Total Number of Enrolled Students in LEA	1-3. Total number of applications (Report all applications subject to second review)	1-4. Total number of applications with changed eligibility determinations (Report all applications resulting in a changed determination due to the second review process)	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 1. NO CHANGE
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								
Test Agency	test								

<

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 2023
Submission Type: Annual **Revision:** 0
Submission Status: New Submission

Report **Remarks**

1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE a. Incomplete application error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE b. Categorical eligibility error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE c. Gross income calculation error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE d. Other error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID a. Incomplete application error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID b. Categorical eligibility error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID c. Gross income calculation error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID d. Other error

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 2023
Submission Type: Annual **Revision:** 0
Submission Status: New Submission

Report **Remarks**

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

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 2023		
Submission Type:	Annual	Revision:	0
Submission Status:	New Submission		

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

1-5C. Results of Second Review by Initial Eligibility Determination Benefit Type: PAID 3. Changed to REDUCED PRICE d. Other error



Report**Remarks**

1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE a. Incomplete application error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE b. Categorical eligibility error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE c. Gross income calculation error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 2. Changed to REDUCED PRICE d. Other error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID a. Incomplete application error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID b. Categorical eligibility error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID c. Gross income calculation error	1-5A. Results of Second Review by Initial Eligibility Determination Benefit Type: FREE 3. Changed to PAID d. Other error
0	0	0	0	0	0	0	0	0	0



Insert Line [Alt-1]

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Total SFAs

1

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
0	0	0	0	0	0	0	0	0	0



Insert Line [Alt-1]

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Total SFAs

1

1-5C. Results of Second Review by Initial Eligibility Determination
Benefit Type: PAID 3.
Changed to REDUCED PRICE d. Other error

0



0