

Attachment C. Form FNS-640 Administrative Review Data Report (OMB
0584-0594)



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Simplified Studio

Form Name: FNS-640 (1-18)
Form Description: Administrative Review Report
Program: Child Nutrition Programs
State: CO
Agency Code: 0891501 **Agency Name:** CO DEPT OF EDUCATION
Program Time: September 2019
Submission Type: Annual **Revision:** 0
Submission Status: Posted

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Summary [Errors](#) [Warnings](#) [Remarks](#)

Summary of uploaded Excel file

SFA-ID#	Total # of schools
0020	6
0050	1
0060	1
0170	1
0190	1
0220	1
0290	1
0310	1
0470	6
0480	6
0510	1
0520	1
0860	1
0870	3

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
2	1. STATE		2. PROGRAM		3. AGENCY CODE		4. NAME & ADDRESS OF STATE AGENCY				5. REPORTING YEAR											
3	CO		CN		0891501		CO DEPT OF EDUCATION 201 E. COLFAX AVENUE DENVER CO. 8020317				School Year 2018-2019											
4																						
5																						
6																						
7																						
8																						

10	A1. General SFA Information										A2. Certification and Benefit Issuance Review Method											
11																						
12	A1-1. SFA ID	A1-2. SFA Name	A1-3. Review Period (Month)	A1-4. Review Period (Year)	A1-5. Total # Schools offering SBP	A2-1. Sampling Methodology (Select [1] one)				A2-2. Total # of Students Reviewed (i.e. Sample Size #)	A2-3. SFA Count of Reviewed Students (#)		A2-4. SA Count of Reviewed Students (#)		A2-5. Application Errors by Type (#)				A2-6. Total # of Applications Miscategorized			
						A2-1A. 100% Confidence Level /Electronic System	A2-1B. 95% Confidence Level / Manual System	A2-1C. 99% Confidence Level / Manual System		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)	A2-5E. Adult Signature	A2-6A. Free -> Reduced Price	A2-6B. Free -> Paid	A2-6C. Reduced price -> Paid	A2-6D. Reduced price -> Free

W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK
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A2-7. Total # of Benefit Issuance Errors				A3. Fiscal Action						A4. Resource Management												
A2-7A. Free -> Reduced Price	A2-7B. Free -> Paid	A2-7C. Reduced price -> Paid	A2-7D. Reduced price -> Free	A3-1. NSLP Total Overclaim/Underclaim (\$ -/+)		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 (\$)		A4-1. Risk Flag(s) Triggered (Select [1] all that apply)						
														A4-1A. SFA Enrollment	A4-1B. Non Profit School Food Service Account	A4-1C. Paid Lunch Equity	A4-1D. Revenue from Non Program Foods	A4-1E. Indirect Costs				

