



Tennessee Department of Human Services  
**Summer Food Service Program Income Excess Funds Form**

Sponsor Name: \_\_\_\_\_

Sponsor Agreement #: \_\_\_\_\_

Sponsors with excess funds remaining upon program completion should use the funds for allowable SFSP expenses, such as improving feeding sites or food preparation facilities, start-up funds for the next year, improving the food quality for the following summer or expenses related to other Child Nutrition Programs operated by the sponsor. Please refer to FNS Instruction 794-4, Revision 4, to determine whether excess fund expenditures are allowable or unallowable costs.

Sponsors may not use excess funds for non-program operations or to increase salary or fringe benefit costs when done solely for the purpose of reducing the excess funds balance.

Sponsors choosing not to participate in the SFSP during the subsequent year may use the excess funds for expenses related to other Child Nutrition Programs operated by the sponsor. If the sponsor does not administer any other Child Nutrition Programs, the excess funds must be remitted to the state agency.

Funds accruing to the program must be documented but will not be deducted from a sponsor's reimbursement. The sources of funds that are considered program income include:

- Cash donations specifically identified for use in the program; and
- Any federal, state or local funds specifically provided to the program.

**Please check the appropriate statement below, sign and date the form. Send the form to your Summer Program Coordinator, Myra Foxworth ([myra.foxworth@tn.gov](mailto:myra.foxworth@tn.gov)). The deadline for form submission is December 31.**

- I certify there were no excess funds at the end of the 20\_\_\_\_ summer program.
- I certify there were excess funds of \$\_\_\_\_ at the end of the 20\_\_\_\_ summer program and the funds will be used for the 20\_\_\_\_ summer food program. **Complete the attached itemized list.**
- I certify there were excess funds of \$\_\_\_\_ at the end of the 20\_\_\_\_ summer program and the funds will be used as identified on the attached itemized list.

**Complete the attached itemized list and identify the program areas in which funds will be appropriated.**

By signing this form, I certify that to the best of my knowledge and belief, this information is true and correct in all respects and that records are available to support this statement if requested.

\_\_\_\_\_  
 Signature of Certifying Official

\_\_\_\_\_  
 Date

**EXCESS FUNDS ITEMIZED LIST**

In the space provided below, please identify the areas in which excess funds will be spent for the 20\_\_\_\_ SFSP or other Child Nutrition Programs.

**Excess Funds Balance:**

Child Nutrition Program <small>(SFSP, CACFP etc.)</small>	Item(s) to be purchased	Estimated Cost

<b>Will the funds be used to open new sites?</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
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<b>If Yes, please identify the site location(s).</b>	
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