**Appendix B – Consolidated SFA Claim Worksheet**

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| --- | --- | --- | --- | --- | --- | --- |
| Afterschool Care Snack Program  Consolidated SFA Claim Worksheet | | | | District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Programs\_\_\_\_\_\_\_\_  Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prepared by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Date | NUMBER OF SNACKS SERVED TO CHILDREN | | | | | |
| **Under 50% F & R Site** | | | | | **Over 50% F & R Site** |
| Paid | Reduced | Free | | Total | Total Snacks |
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