



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

**SUMMER FOOD SERVICE PROGRAM  
UNUSED REIMBURSEMENT CERTIFICATE**

5P-3.004, F.A.C.

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

Unused reimbursement is the difference between the amount received from a Claim for Reimbursement and program costs, should the reimbursement exceed the costs. For example, if a Sponsor received \$1,000 from a Claim for Reimbursement and spent \$900 in program costs, \$100 would be left in unused reimbursement.

Sponsors are expected to manage financial resources so that a well-run, quality summer meal service does not result in a significant amount of unused reimbursement. However, should a Sponsor have unused reimbursement, the funds must be used to benefit the Summer Food Service Program (SFSP), or another Child Nutrition Program operated by the Sponsor, during the subsequent year.

Benefits to the SFSP can be:

- Using the funds as start-up funds for the subsequent year, in lieu of requesting an advance,
- Increasing the meal service sites,
- Improving the nutritional quality of the meals provided, and
- Improving food preparation facilities.

Sponsors may not use unused reimbursement for non-program operations or to increase salary or fringe benefits. If a Sponsor does not return to participate in the SFSP and does not operate any other Child Nutrition Programs, the Sponsor is not required to return the unused reimbursement.

Other program income 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.

**Check the appropriate statement below, then sign and date the form.**

\_\_\_ I certify that there are no unused reimbursement funds for the 20\_\_ summer food program.

\_\_\_ I certify that unused reimbursement in the amount of \$\_\_\_\_\_ was calculated 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 that unused reimbursement in the amount of \$\_\_\_\_\_ was calculated 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 when requested.

\_\_\_\_\_  
Signature of Sponsor Official

\_\_\_\_\_  
Date

**UNUSED REIMBURSEMENT PLAN**

**Please identify intended purchases or plans to use unused reimbursement in the 20\_\_ SFSP or other Child Nutrition Programs.**

**Unused Reimbursement Amount:**

<b>Identify the Child Nutrition Program</b> <small>(SFSP, NSLP, ASSP, SMP, CACFP)</small>	<b>Item(s) to be purchased</b>	<b>Estimated Cost</b>
<b>Total:</b>		

<b>Will the funds be used to open new sites?</b>	<b>YES</b>	<b>NO</b>
--	------------	-----------

<b>If Yes, please identify the site location(s).</b>  	
--	--