South Carolina Department of Social Services
Child and Adult Care Food Program

FISCAL RESOURCES AND FINANCIAL HISTORY

Institution: _____

Information Current as of: _____

Instructions: Describe all the activities the institution conducts other than the Child and Adult Care Food Program. You may attach the description if it is labeled "Fiscal Resources and Financial History."

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Institution's Fiscal Year: (Tax year) _____

Total Non-CACFP revenue to the institution for current fiscal year: (Example: ABC/Medicaid Payments, Head Start funds, Tuition, etc.)

Dates of Reporting Period: _____ to _____

Amount in $	Source[1]	Frequency	How long has this funding been available?	Will the funding change in the next fiscal year?*	Comments

[1]Identify if funds are federal.

*If the funding is going to change in level, function or nature, please describe the impact it will have on the organization.

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Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____