



**SFMNP CLOSEOUT FORM**

**Agency:** \_\_\_\_\_ **CERTIFIES THAT:**

*(Please Select One)*

- All SFMNP food benefits **were issued** by September 30<sup>th</sup>.
- There were SFMNP food benefits **not issued** and documented below.

**SFMNP FOOD BENEFIT RECONCILIATION:** *(Fill out for unissued food benefits)*

<b>TOTAL AMOUNT</b> of SFMNP food benefits received for distribution:	
Amount of SFMNP food benefits <b>ISSUED</b> to senior participants:	
Amount of SFMNP food benefits <b>NOT ISSUED</b> to seniors:	

**UNISSUED SFMNP CHECK BOOKLET:**

First <b>unissued</b> check booklet number in sequence:	
Last <b>unissued</b> check booklet number in sequence:	

- The SFMNP Check Booklets that were **not issued** to senior participants were destroyed on \_\_\_\_\_ *(date)*.

**PROVIDE REASON(S) FOR UNISSUED FOOD BENEFITS:**

<b>Agency Organization:</b>			
<b>Name:</b>			<b>Title:</b>
<b>Signature:</b>			<b>Date:</b>

PLEASE EMAIL FORM TO [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) NO LATER THAN **OCTOBER 31.**