#  Attachment A, Memo 038-19

# February 8, 2019

#  Virginia Department of Education Logo

## **Request for Claim Submission after the 60-Day Deadlinefor School and Child Nutrition Programs**

**School Division**:

**School Division Number**:

**School Nutrition Program Administrator\***:

**Program (NSLP, SFSP, CACFP):** Choose an item.

**Claim Month:**

**Claim Type**: Choose an item.

**Reason for Request**: Choose an item.

**Date of Request**: Click or tap to enter a date.

***Please detail the events or circumstances for the request.***

Click or tap here to enter text.

***If requesting a one-time 36-month exception, downward adjustment or no change revision, please describe actions to be taken to avoid any future late claim submissions from the same or other causes.***

Click or tap here to enter text.

***If requesting a one-time 36-month exception please read and acknowledge that you understand the statement.***

[ ]  The one-time exception is only available once in a 36-month period for each Children Nutrition Program for circumstances within its control.

 Click or tap to enter a date.

**Signature of School Official**

Please submit this form to SNPPolicy@doe.virginia.gov.

\*Request must be made by the School Nutrition Program Administrator as identified in SNPWeb.