**Appendix B – Consolidated SFA Claim Worksheet**

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| Afterschool Care Snack ProgramConsolidated 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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