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 _______________

<table>
<thead>
<tr>
<th>Amount in $</th>
<th>Source¹</th>
<th>Frequency</th>
<th>How long has this funding been available?</th>
<th>Will the funding change in the next fiscal year?*</th>
<th>Comments</th>
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</table>

¹Identify 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: __________________

DSS Form 1613-2 (JUN 12) Edition of JUN 10 is obsolete.