

## Late Claim Exception Request Form: Circumstances Beyond the Institution's Control

**Instructions:** Please complete, sign, and e-mail this form to the Grants Administrator at [finance.nutrition@decalfga.gov](mailto:finance.nutrition@decalfga.gov) for approval prior to submitting the claim in Atlas.

**Agreement Number:**

**Claim Month/Year:**

Has your institution previously requested an exception due to circumstances beyond the institution's control (e.g. natural disaster, fire, flood, vandalism of records and serious illness or injury of the person responsible for submitting the report)? If so, when?

**Yes/No:** \_\_\_\_\_

**Date of Previous Request(s):** \_\_\_\_\_

Please clearly explain the events and circumstances that prevented compliance with the claim submission requirements.


<b>Date</b>	<b>Printed Name of Program Contact/Authorized Individual</b>	<b>Authorized Signature</b>
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For internal use only:

<b>Date</b>	<b>DECAL Approval</b>	<b>Signature</b>
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<b>Date</b>	<b>USDA Approval</b>	<b>Signature</b>
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