**Organization Name:**       **Agreement Number:**

**Claim Month/Year:**

I certify that I am the Delegated Principal/Program Contact of this organization, and I am legally responsible for the administration and operation of the SFSP, and that I have verified that all outdoor feeding sites listed on the attached form meet the appropriate requirements to have participated in the SFSP Excessive Heat and/or Air Quality Advisories Non-Congregate waivers.

I understand, if meals were taken off site (non-congregate meals) during a claim month, this document must be completed and submitted **within 24 hours of submitting that month’s claim for reimbursement**. This document will be submitted by attaching it within the Attachment List in my organization’s sponsor application in GA ATLAS. Failure to do so may result in a reclaim of meals.

I certify the meals served and taken off site, as noted in the listings below, are accurate and supported by required documentation. In addition, I certify that the meals reported on this document have been included within the meal counts my organization claimed, for the appropriate month, in the Claim for Reimbursement module in GA ATLAS.

I understand the reporting of these meals in this document will not result in any additional reimbursement.

I certify that the information contained in this document is true and correct and that listing false or incorrect information and failure to notify Bright from the Start when the information contained in this document changes may result in the denial of reimbursement, termination and disqualification of the organization, its responsible principals and/or individuals from participation the SFSP or any other Child Nutrition Programs.

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**Signature of Delegated Principal/Sponsor Program Contact Date of Submission**

**NOTE: Within the Attachment List in GA ATLAS, this document should be saved as/named “Claim Month 2024 – Excessive Heat & Air Quality Meals.” Example, if your organization is submitting this document to support meals taken offsite (non-congregate meals) that were claimed for June 2024, the document would be saved as/named “June 2024 – Excessive Heat & Air Quality Meals”; and would be attached in the Attachment List in the sponsor’s application within 24 hours of submitting the June 2024 claim for reimbursement.**

 **Number of Meals Taken Off-site (Non-congregate Meals) at Outdoor Feeding Sites Participating in SFSP Excessive Heat and/or Air Quality Advisories Waivers.**

**Enter the Claim Month/Year:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site Name**  | **Select the waiver utilized (select only one per entry)**  | **Select if any meals were taken off site by Parents or Guardians** | **Total number of Breakfasts taken off site** | **Total number of AM Snacks taken off site** | **Total number of Lunches taken off site** | **Total number of PM Snacks taken off site** | **Total number of Suppers taken off site** | **Specific dates meals taken off Site** |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |
|       | [ ]  Excessive Heat  |[ ]        |       |       |       |       |       |
|  | [ ]  Air Quality  |  |  |  |  |  |  |  |