

Late Claim Explanation Form and Corrective Action Plan:

Adjustments and/or One-Time Exception Request(s)

Instructions: Please complete, sign, and e-mail this form to Aneshia Harris, Grants Administrator at aneshia.harris@decalf.ga.gov in order to obtain approval prior to submitting this claim.

Agreement Number: _____

Claim Month/Year: _____

Circle the type of request:

- A. Downward Adjustment (Reclaim)**
- B. No Change in Reimbursement**
- C. One-Time Exception** (May only be selected if requesting an increase to your reimbursement and the lateness was within the institution's control).

Please explain why the institution did not meet the claim submission deadline below.

****CORRECTIVE ACTION PLAN****

Instructions: Only complete the Corrective Action Plan (CAP) if applicable. To determine if a CAP is required for your institution, please reference DECAL Policy No. CACFP/01-15.

Provide sufficient details below on actions taken to avoid any future late claim submissions from the same or other causes referenced above.

Include a brief statement below indicating that the institution understands that the one-time exception is only available once in a 36-month period for each Child Nutrition Program for circumstances within the institution's control.

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

Date	DECAL Approval	Signature
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