One-Time Exception/Claim Revision Form

ARIZONA CHILD NUTRITION PROGRAM OPERATORS

7 CFR 210.8 (b)(1) and 225.9 (d)(6) states "A final Claim for Reimbursement shall be submitted to the State Agency not later than 60 days following the last day of the full month covered by the claim." However, if you failed to meet this requirement or you need to revise a prior submitted claim, you may be granted an exception or an approval for a revision. A single month's claim may be approved if a similar exception has not been granted during the previous 36-month period. For prior Federal Fiscal Year One-Time Exception (OTE) requests, the form must be approved by HNS on or before December 29. *For example, the October 2024-September 2025 Child Nutrition Program (CNP) claim form must be approved by 12/29/2025.*

Complete all of the fields below.

CTDS: _____ Entity Name: _____

Contact: _____ Title: _____

Child Nutrition Program: _____

Claim Month and Calendar Year: _____

☐ I acknowledge that we are requesting a One-Time Exception. I understand that upon approval of my One-Time Exception, I will not be eligible to receive a One-Time Exception for the next 36 months from the claim month revised.

☐ I certify that I have NOT been granted a similar exception during the previous 36-month period.

☐ I acknowledge that I am requesting a revision to my claim, and understand that per 7CFR 210.24, 220.18 and 215.15; 2 CFR 200.338 if there are continued revisions payments could be withheld until the appropriate procedures are implemented. **(Does Not Apply To CACFP)**

Reason the claim was unable to be submitted within 60 days following the last day of the full month covered by the claim or the reason for the revision of the claim:

Provide a Corrective Action Plan detailing what steps have been instituted to the claims process to eliminate future adjustments:

As the Authorized Representative submitting this form, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract; or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract for the above-named entity. I understand by sending this document I am certifying that all the above recorded information is true and accurate; and that the above recorded Corrective Action Plan will be implemented prior to the receipt of exception. **The Arizona Department of Education reserves the right to verify and/or request additional information to approve the request.**

Authorized Representative Printed Name: _____

Authorized Representative Signature: _____ Date: _____

Submit the completed form to Grants Management via HelpDesk: http://helpdeskexternal.azed.gov/