

SFMNP – AAA CLOSEOUT

THE LOCAL AREA AGENCY ON AGING: _____

CERTIFIES THAT:

(Select One)

□ All SFMNP Farmers' Market Cards <u>were issued</u> by September 30th.

☐ There were SFMNP Farmers' Market Cards **<u>not issued</u>** and documented below.

SFMNP FOOD BENEFIT RECONCILIATION: (Fill out for unissued food benefits)

TOTAL NUMBER of Farmers' Market Cards received for distribution:	
Number of Farmers' Market Cards ISSUED to senior participants:	
Number of Farmers' Market Cards NOT ISSUED to seniors:	

NOT ISSUED FARMERS' MARKET CARDS:

Number of <u>UN-ISSUABLE</u> (damaged or malfunctioning) Farmers' Market Cards:	
Number of Farmers' Market Cards <u>RETAINED</u> for subsequent seasons:	

The un-issuable (damaged or malfunctioning) Farmers' Market Cards were destroyed on the following date: ______.

PROVIDE REASON(S) FOR UNISSUED FARMERS' MARKET CARDS:

Local Area Agency on Aging:	
Name:	Title:
Signature:	Date:

PLEASE EMAIL COMPLETED FORM TO grants@cdfa.ca.gov NO LATER THAN OCTOBER 31.