



**State of Arizona**  
**Department of Education**  
 Grants Management  
**One Time Exception/Claim**  
**Revision Form**



CTDS:

Entity:

Program:

Claim Month:

Claim PY:

Contact:

Title:

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. This request must be submitted on or before 12/30 of the current year to receive a one time exception for a the prior Program 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 'SPONSOR'. 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.

ADE reserves the right to verify and/or request additional information to approve the requested

Signature of Authorized Representative

Date

Submit completed form to [grants@azed.gov](mailto:grants@azed.gov).

**Grants Management**

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