

**SNP Claim For Reimbursement Summary****Browning Public Schools**

0400 Status: Active  
 DBA: Browning Public Schools  
 104 East Boundary St  
 Browning, MT 59417-9998

Type of Agency: Educational Institution  
 Type of SNP Organization: Public

**Confirmation #:** ABHFBD

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Dec 2025	0	01/08/2026	01/08/2026		Original

**Sponsor Totals**

Meal Type	Meals/Supplements Served	Federal Rate	Reimbursement Federal Amount
<b>National School Lunch Program</b>			
Free	19,790	4.6200	91,429.80
Reduced	0	4.2200	0.00
Paid	0	0.4600	0.00
<b>Total</b>	<b>19,790</b>		<b>91,429.80</b>
<b>Performance-Based Reimbursement (Lunch)</b>			
Claimed	19,790	0.0900	1,781.10
Adjusted	0	0.0900	0.00
<b>Total</b>	<b>19,790</b>		<b>1,781.10</b>
<b>School Breakfast Program</b>			
Free	336	2.4600	826.56
Reduced	0	2.1600	0.00
Paid	0	0.4000	0.00
<b>Total</b>	<b>336</b>		<b>826.56</b>
<b>School Breakfast Program Severe Need</b>			
Free	15,112	2.9400	44,429.28
Reduced	0	2.6400	0.00
Paid	0	0.4000	0.00
<b>Total</b>	<b>15,112</b>		<b>44,429.28</b>
<b>Claim Reimbursement Total</b>			<b>138,466.74</b>

**Sponsor Claim Reimbursement Totals**

Current Claim Reimbursement Total	138,466.74
Previous Claim Reimbursement Total	0.00
<b>Net Claim Reimbursement Total</b>	<b>138,466.74</b>

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**Child & Adult Care Food Program**  
**Claim For Reimbursement Summary for December 2025**

**COUNTY OF GLACIER SCHOOL DIST 9/Browning Public Schools**

10154 Status: Active  
 DBA: Browning Public Schools  
 129 1st AVE SE  
 Browning, MT 59417

Type of Agency: Indian Tribe  
 Agreement Type: Independent Center

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Dec 2025	0	01/08/2026	01/08/2026		Original

**Confirmation #:** ADLHJV

**At Risk Snack**

Institution Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
<b>Supper</b>			
Free	272	4.6000	1,251.20
CIL	272	0.3050	82.96
<b>Total</b>		<b>272</b>	<b>1,334.16</b>
<b>Claim Reimbursement Total</b>			<b>1,334.16</b>

Institution Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	Totals
Current Claim Reimbursement Total	1,251.20	82.96	1,334.16
Previous Claim Reimbursement Total	0.00	0.00	0.00
<b>Net Claim Reimbursement Total</b>	<b>1,251.20</b>	<b>82.96</b>	<b>1,334.16</b>

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