



Module 4 – Meal Claim Submission

Target Audience

- Designated Officials/Authorized Representative
- SFSP Administrators
- Accounting Personnel
- Claim Preparer

Estimated Time Required

- 20 minutes

Objectives

- Clarify the claim submission process
- Familiarize yourself with the use of the NDA CNP claim process

Tasks

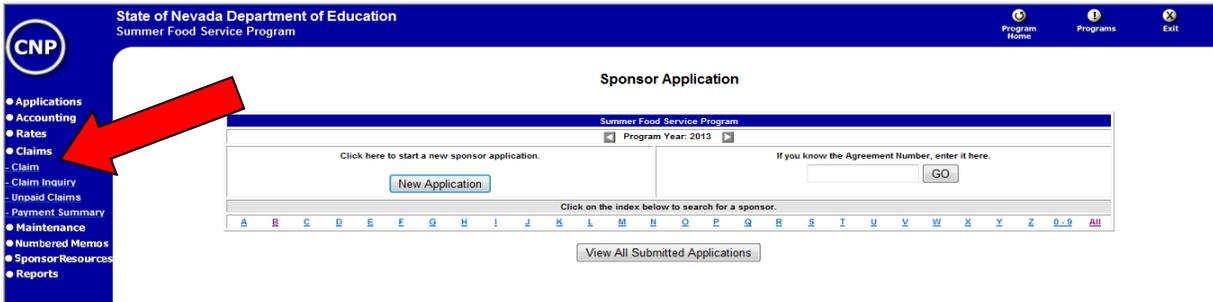
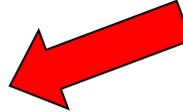
- Read instructions
- Review Web sites and Resources
- Complete and submit online quiz

Claims for Reimbursement

Filing Claims for Reimbursement is a **two-step process**. To complete the claim process, Sponsors must file a Monthly Site Claim, and then file a Consolidated Monthly Claim.

Step One - Monthly Site Claim

1. Click > **LOGIN**
2. **Sign in using your User ID and Password**
3. Choose > **CLAIMS**



4. Choose > **CLAIM**



5. Choose > the **Month** in the Monthly Site Claim column

State of Nevada Department of Education
Summer Food Service Program

School Lunch Claim(s)

Sponsor Information		Sponsor Name		Agreement Number		
BOYS & GIRLS CLUB OF TRUCKEE MEADOWS		CLUB OF TRUCKEE MEADOWS		S0248		
Select a Claim Month						
School Year: 2012 - 2013						
Monthly Site Claim	Original Monthly Claim	Revision Number	Claim Status	Earned Amount	Month to Date	Amount Paid
Oct 2012	Oct 2012	0	Paid	\$0.00		\$8,429.54
Nov 2012	Nov 2012	0	Paid	\$0.00		\$14,924.82
Dec 2012	Dec 2012	0	Paid	\$0.00		\$8,067.87
Jan 2013	Jan 2013	0	Paid	\$0.00		\$11,374.24
Feb 2013	Feb 2013					
Mar 2013	Mar 2013					
Year-to-Date Totals				\$0.00		\$42,796.27

< Back Cancel

6. Choose > **SITE**

State of Nevada Department of Education
Summer Food Service Program

Select Site for Monthly Claim

Sponsor		Sponsor Name		Agreement Number		School Year	
BOYS & GIRLS CLUB OF TRUCKEE MEADOWS		BOYS & GIRLS CLUB OF TRUCKEE MEADOWS		S0248		2012 - 2013	
Site(s)							
Site	Saved	Submitted	Claim Date	Site Status	Site Approved		
Boys and Girls Club of Truckee Meadows	Saved	2	02/26/2013	Active	02/25/2013		

Back to Claim Month List View All Submitted Claims

7. Fill out the **Monthly Site Claim**.

The **Sponsor Name**, **Site Name**, and **Agreement Number** will be filled out automatically based upon information from your Sponsor Application.

State of Nevada Department of Education
Summer Food Service Program

Nevada Department of Education
Child Nutrition Program
(775) 687-9198

Monthly Site Claim for Reimbursement
Summer Food Service Program

Monthly Claim Form			
Sponsor Name	Site Name	Agreement Number	Month Claimed
BOYS & GIRLS CLUB OF TRUCKEE MEADOWS	Boys and Girls Club of Truckee Meadows	S0248	2/1/2013
Submission Type:	State Employee Original Claim	Received Date:	3/7/2013
Authorized Signature:			
Program Information			
Days Open:	Average Daily Participation:	CAP:	194
Meals Served			
	Firsts	Seconds	Reimbursable Firsts
Breakfast			Excess Firsts
Lunch			
Supper			
AM Snack			
PM Snack			
Comments			
<p>I acknowledge that I am the sponsor food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in CNP 2013 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of payments, suspension or termination of the program as specified in CNP 2013. I acknowledge that failure to submit accurate claims which encompass funds misappropriation of funds that have been used, the penalties specified in CNP 2013 shall apply.</p> <p>I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.</p>			
Created By: tamjml	Created Date: 1/30/2013 12:28:45 PM	Modified By:	Modified Date:
<p>Warning: the 'Save' button does not submit the claim. To create a consolidated claim all site claims must be submitted first. Note: Please review this information before submitting this claim. Click the Submit button to enter this claim.</p>			

Cancel Calculate Save Submit

The Month Claimed will also populate automatically because that was selected in the first step. PLEASE NOTE: The Claim for Reimbursement for any month includes only meals served in that month EXCEPT if the first or last month of Program operations for any year contains **10 operating days or less**. In such an instance two months may be combined on the Claim for Reimbursement. [Example: June (5 operating days) combined with July (22 operating days)]. **If the <10 day rule is used, the number of operating days on the site application must match the number of days to be claimed.**

8. **Authorized Signature** – From the drop down box, select the name of person authorized to sign.

9. **Days Open** – Type in the total number of days the site operated for the month.

10. **Meals Served to Children:**

- a. **Breakfast** - Report all firsts and seconds served in the Claim month in the appropriate box.
- b. **Lunch** - Report all firsts and seconds served in the Claim month in the appropriate box.
- c. **Supper** – Report all firsts and seconds served in the Claim month in the appropriate box.
- d. **AM/PM Snacks** - Report all firsts and seconds served in the Claim month in the appropriate box.
- e. Click **SAVE**

9. Click > **SUBMIT**

If an error occurs, contact the summer meals Program Officer at 702-668-4584.

10. **Continue this step until ALL Monthly Site Claims have been submitted.** Then proceed to the second step of the claim process, which is filing a Consolidated Monthly Claim.

Step Two – Consolidated Monthly Claim

Sponsors must submit **ONE** Consolidated Monthly Claim to complete the claim for reimbursement process. The Consolidated Monthly Claim totals all Monthly Site Claims.

11. Choose > CLAIMS

State of Nevada Department of Education
Summer Food Service Program

Program Home Programs Exit

School Lunch Claim(s)

Sponsor Information

Sponsor Name		Agreement Number	
BOYS & GIRLS CLUB OF TRUCKEE MEADOWS		S0248	

Select a Claim Month

School Year: 2012 - 2013

Monthly Site Claim	Consolidated Monthly Claim	Revision Number	Claim Status	Earned Amount	Month to Date	Amount Paid
Oct 2012	Oct 2012	0	Paid	\$0.00		\$8,429.54
Nov 2012	Nov 2012	0	Paid	\$0.00		\$14,924.62
Dec 2012	Dec 2012	0	Paid	\$0.00		\$8,067.87
Jan 2013	Jan 2013	0	Paid	\$0.00		\$11,374.24
Feb 2013	Feb 2013					
Mar 2013	Mar 2013					
Year-to-Date Totals				\$0.00		\$42,796.27

12. Choose the Month in the Consolidated Monthly Claim column

State of Nevada Department of Education
Summer Food Service Program

Program Home Programs Exit

School Lunch Claim(s)

Sponsor Information

Sponsor Name		Agreement Number	
BOYS & GIRLS CLUB OF TRUCKEE MEADOWS		S0248	

Select a Claim Month

School Year: 2012 - 2013

Monthly Site Claim	Consolidated Monthly Claim	Revision Number	Claim Status	Earned Amount	Month to Date	Amount Paid
Oct 2012	Oct 2012	0	Paid	\$0.00		\$8,429.54
Nov 2012	Nov 2012	0	Paid	\$0.00		\$14,924.62
Dec 2012	Dec 2012	0	Paid	\$0.00		\$8,067.87
Jan 2013	Jan 2013	0	Paid	\$0.00		\$11,374.24
Feb 2013	Feb 2013					
Mar 2013	Mar 2013					
Year-to-Date Totals				\$0.00		\$42,796.27

13. Choose > ADD CLAIM

State of Nevada Department of Education
Summer Food Service Program

Program Home Programs Exit

Summer Food Service Program Claim(s)

Monthly Claim Form

Sponsor Name		Agreement Number	Month Claimed	Program Year
BOYS & GIRLS CLUB OF TRUCKEE MEADOWS		S0248	7/1/2013	2013

Revision Number	Received Date	Paid Date	Claim #	Status	Action
No claims for this institution					

The Monthly Consolidated Claim screen will appear with all data fields automatically populated based on the information from the Monthly Site Claims that were submitted. **These fields cannot be accessed or modified from this screen.** Review the data for accuracy.

Monthly Claim Form						
Sponsor Name	Agreement Number	Month Claimed	Revision Number			
FAMILY YOUTH ENRICHMENT CDC	S0283	6/1/2012	0			
Submission Type:	Sponsor Claim	Received Date:	6/11/2012			
Authorized Signature:	Debbie M Berger					
Program Information						
Number of Sites:	1	Average Daily Participation:	25	Monthly Operating Days:	14	
Meals Served						
	Firsts	Seconds	Reimbursable Firsts	Reimbursable Seconds	Excess Firsts	Excess Seconds
Breakfast	0	0	0	0	0	0
Lunch	354	0	354	0	0	0
Supper	0	0	0	0	0	0
AM Snack	0	0	0	0	0	0
PM Snack	0	0	0	0	0	0

14. Insert > **AUTHORIZED SIGNATURE** from the drop down menu

Monthly Claim Form			
Sponsor Name	Agreement Number	Month Claimed	Revision Number
FAMILY YOUTH ENRICHMENT CDC	S0283	7/1/2012	0
Submission Type:	Sponsor Claim	Received Date:	1/29/2013
Authorized Signature:	[Dropdown Menu]		

15. Click > **SUBMIT**

Monthly Claim Form						
Sponsor Name	Agreement Number	Month Claimed	Revision Number			
FAMILY YOUTH ENRICHMENT CDC	S0283	7/1/2012	0			
Submission Type:	Sponsor Claim	Received Date:	1/29/2013			
Authorized Signature:	[Dropdown Menu]					
Program Information						
Number of Sites:	0	Average Daily Participation:	0	Monthly Operating Days:	0	
Meals Served						
	Firsts	Seconds	Reimbursable Firsts	Reimbursable Seconds	Excess Firsts	Excess Seconds
Breakfast	0	0	0	0	0	0
Lunch	0	0	0	0	0	0
Supper	0	0	0	0	0	0
AM Snack	0	0	0	0	0	0
PM Snack	0	0	0	0	0	0

Created By: _____ Created Date: _____ Modified By: _____ Modified Date: _____

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreements, and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I also understand that deliberate misrepresentation may subject me to prosecution under applicable state criminal statutes. I further certify that all claims for reimbursement shall be submitted to NDE no later than 60 days after the end of the claim period. I understand that failure to submit a claim within the 60-day deadline may result in such claims not being paid. I also understand that according to 7 CFR 225.9 (d), the sponsor shall not be eligible for reimbursement for operating and administrative costs unless there is a written agreement with NDE.

Note: Please review this information before submitting this claim.
Click the Submit button to enter this claim.

< Back Cancel Submit

16. Click "OK" on certification statement

The screenshot shows the 'Monthly Claim Form' for the 'Summer Food Service Program' on the CNP website. A 'Message from webpage' dialog box titled 'SIGNATURE CERTIFICATION' is open in the center. The dialog box contains the following text:

I certify that this claim is true and correct in all respects, that it is completed in accordance with 7 CFR Part 210, 7 CFR Part 215, 7 CFR Part 220, and 7 CFR Part 245 regulations, and with the terms and all conditions of existing agreements, and that records are available to support this claim. I recognize that I am fully responsible for the errors made in completing this claim. I am also aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Below the dialog box, there is a note: 'Note: Please review this information before submitting this claim. Click the Submit button to enter this claim.' At the bottom of the form, there are three buttons: '< Back', 'Cancel', and 'Submit'.

The background form includes the following fields and tables:

- Sponsor Name:** FAMILY YOUTH ENRICHMENT
- Submission Type:**
- Authorized Signature:**
- Number of Sites:**
- Month Claimed:** 1/1/2013
- Revision Number:** 0
- Received Date:** 1/29/2013
- Monthly Operating Days:** 22
- Table:**

Excess Seconds	Excess Firsts	Excess Seconds
0	0	0
0	40	0
0	0	0
0	0	0
0	0	0
0	0	0

Additional text at the bottom of the form: 'I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreements(s); and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I also understand that deliberate misrepresentation may subject me to prosecution under applicable state criminal statutes. I further certify that all claims for reimbursement shall be submitted to NDE no later than 60 days after the end of the claim period. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid. I also understand that according to 7 CFR 225.9 (d) the sponsor shall not be eligible for reimbursement for operating and administrative costs unless there is an agreement executed with NDE.'

Claim Revisions

Sponsors may revise a monthly claim that has been submitted if the claim has NOT yet been approved by the NDA Nutrition Program Professional or Program Officer and is within the program regulation time frame for submitting a revised claim. Please contact the Program Officer for assistance in revising a submitted consolidated claim.

Sponsors who have NOT submitted a Consolidated Monthly Claim may make corrections to the Monthly Site Claim before completing the Consolidated Monthly Claim. Follow the instructions below:

Revising a Monthly Site Claim

1. Login in to the CNP system
2. Click > **CLAIMS**
3. Choose > **CLAIMS**
4. **Choose > SELECT**
5. Choose > **MONTHLY SITE CLAIM** for the month being revised.
Make corrections to revise the claim as necessary
6. Choose > **SUBMIT**
If additional sites need to be revised, follow steps 1-6 for each site needing correction
7. When all Monthly Site Claims are correct, Choose > **INPUT ANOTHER CLAIM**
8. Choose > **CONSOLIDATED MONTHLY CLAIM**
9. **Click Add Claim**
10. Check the consolidated claim for accuracy
11. Insert > **AUTHORIZED SIGNATURE** from the drop down menu
12. Choose > **SUBMIT. Click "OK" for Certification statement**

Please Note: each time a revision is made to a Monthly Site Claim and a Consolidated Monthly Claim, the revision is tracked in the system. Revision numbers for both the Monthly Site Claim and the Consolidated Monthly Claim can be located in the upper right hand corner of the Monthly Site and Consolidated Monthly Claim forms.

Sponsors who have approved claims and have received their reimbursement must contact the NDA Program Officer by email to make corrections to the claim. Include the following information in the email:

- Month to be revised
- Sites to be revised
- Reason for the revision

The NDA Program Officer will review the request and make necessary adjustments to allow for the revision. The sponsor will receive an email notification by the CNP system when the revised claim has been approved.

Special Notes about Claims

- When a claim status is indicated as “Ok to Pay,” you have the action of being able to modify or delete the claim. You may go in and modify any of the information submitted on the claim if you find you have input errors. You can also delete the claim and start over. It is important to remember that when you delete a claim from this screen you are deleting all of your site information that you entered. **If you have multiple sites, you might want to consider modifying not deleting.**
- **Eligible Children:** enter the total number of first meals served to eligible children for breakfast, lunch, Supper or AM/PM Snack. Claim only those meal types that were approved in your application. Claims for reimbursement from residential camps must reflect only those meals served to eligible children.
- **Days meals served:** enter the number of days for this claim period that each meal service was offered at this site. The number of operating days cannot exceed the number of operating days submitted on the site application.
- The View Claim Detail shows you a summary of the claim and the payment you will receive.
- Once the status changes from “Ok to Pay” to “Paid” you can no longer modify that month’s claim. You would follow the directions for submitting a Revised Claim for Reimbursement to access the claim system. Once you reach the month/year screen, you will “add” a claim for that month even though a claim is already in the system. The claim will automatically come up as a “revision”.
- If you received the message “There were no errors on this claim” then your claim has passed all edits. You may now create another claim or view the summary of the claim just submitted. If completely done, you may exit the system by clicking once on “Exit” in the upper right corner of the screen.
- If an error occurred:
 - **All “I” errors need to be corrected before the claim can be submitted.**
 - All “A” errors are considered a **warning** and do not have to be corrected but should be investigated to maximize reimbursement.
 - Investigate the “A” error and decide whether or not they need correcting.
 - To correct errors, click on back and correct the appropriate data on the claim form.
 - If the error is related to the application or an application revision (such as the number of operating days, total meals served, etc.), you will need to contact your Nutrition Program Professional or Program Officer for help in correcting the error so your claim for reimbursement can be submitted.

Program Staff

Your summer food staff at the Department of Agriculture, Food and Nutrition Division is the best resource for questions you may have about SFSP requirements.

Diane Hogan, Nutrition Programs Professional

E-mail: dhogan@agri.nv.gov

Phone: 702-668-4582

Tammy Kratz, Program Officer

E-mail: tkratz@agri.nv.gov

Phone: 702-668-4584