

CNP Web Online User Manual



Child Nutrition Programs
(802) 828-2447

CNP Web Online User Manual

Table of Contents

Password Verification and Request Form	
Instructions	2
Renewal Process	
Sign in to the Online System	4
Update the Online SFA Agreement	5
Add Site Agreements	10
National School Lunch Program	13
School Breakfast Program	16
After School Snack Program	17
Special/Kindergarten Milk Program	18
Seamless Summer Feeding Waiver	19
Completing the Financial Information	
Completing the Financial Information	22
Net Cash Resources	23
Revenue	23
Costs	24
Current Assets	25
Current Liabilities	26
Net Cash Resources	27
Submitting Claims	
Introduction	28
Basic Claim Process.....	30
Sign in to the Online System.....	30
Enter Each Sites Numbers.....	33
Submit for Processing.....	37
Additional Claims Processes.....	38
Revising a Claim	38
Summary Information	39
Claim Rates	40
Correcting System Errors	40

Password Verification and Request Form

A paper original of this form, completed with a signature, is required every year at school renewal time. Child Nutrition Programs keeps these forms as a reference of who has secure access to your information on the Child Nutrition Programs online system. PLEASE NOTE: Every person who needs access to the system should have their own user name (logged in user name identifies the person making changes to your information). User names should **NOT** be shared.

PASSWORD VERIFICATION AND REQUEST FORM CNP On Line Application/Claim System

Child Nutrition Programs
VT Department of Education

LEA# ①	SFA ①	School Year 2010-2011
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Authorized SIGNER: has access to the On Line Child Nutrition Programs Application/Claim System and the authority and security rights to complete, **sign and submit** Applications and Agreements, and Claims for Reimbursement. By law, representatives of food service management companies cannot be given rights of an authorized signer.

Authorized USER: has access to the On Line Child Nutrition Programs Application/Claim System and the authority and security rights to complete Applications and Agreements, and Claims for Reimbursement, but does not have the authority and security rights to sign and submit these documents. Representatives of food service management companies can be given the rights of an authorized user.

CURRENT INFORMATION:

List Current Authorized SIGNER(S): Log on to CNP On Line, click on "Applications," then select "Authorized Signers."

List Current Authorized USER(S): There should be a list of Authorized Users on file at the School Food Authority.

1. ②
2.
3.
4.

②

③ Please check this box if there are NO CHANGES to either list above and NO ADDITIONS requested below.

④ To REMOVE an Authorized Signer or Authorized User, draw a line through the appropriate name ABOVE.

⑤ To ADD an Authorized Signer and/or Authorized User, complete the appropriate column(s) BELOW.

New Authorized SIGNER(S) ⑤	
1.	
Print Name	
Position/Title	
e-mail	Phone
Signature	
⑥	⑥
User name (state use only)	password(state use only)
2.	
Print Name	
Position/Title	
e-mail	Phone
Signature	
⑥	⑥
User name (state use only)	password(state use only)

New Authorized USER(S) ⑤	
1.	
Print Name	
Position/Title	
e-mail	Phone
Signature	
⑥	⑥
User Name (state use only)	Password (state use only)
2.	
Print Name	
Position/Title	
e-mail	Phone
Signature	
⑥	⑥
User name (state use only)	password(state use only)

Signature required below on all forms submitted.

⑦

SFA Administrator Signature	Position	Date
-----------------------------	----------	------

1 (ALWAYS REQUIRED) Add your LEA# and School Food Authority Name. If the school year is not pre-printed, add that (for example, 2010-2011).

2 (ALWAYS REQUIRED) List the individuals from your organization who currently have a user name in the system.

3 (REQUIRED IF NO USER CHANGES FROM LAST YEAR) If you have no additions or removals, check this box

4 (REQUIRED TO REMOVE USERS) If some of the users in **2** are no longer working at your school food authority and/or should no longer have access to your information, draw a line through their names (Federal Regulations require us to maintain only current users in the system, so it's important that we remove users who should no longer be authorized)

5 (REQUIRED TO ADD USERS) If you have new users, provide information for them. We (State Agency) will provide their user name and password **6**

7 Sign and date and mail completed form to:

Child Nutrition Programs
State of Vermont
Department of Education
120 State Street
Montpelier, VT 05620-2501

Renewal Process

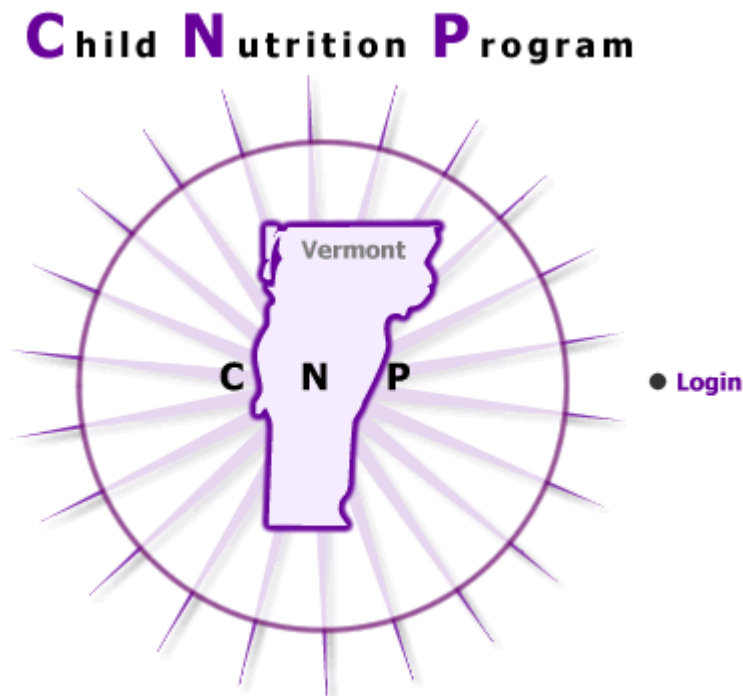
Each year, every school food authority (SFA: a school or district that participates in Child Nutrition Programs), must renew their agreement to participate online.

There are 5 basic steps to the renewal process:

- 1) Sign in to the online system
- 2) Update (with 2011-2012 information) the online SFA agreement
- 3) Add site agreements for 2011-2012
- 4) Complete Financial Information (not required for renewal of SEAMLESS SUMMER or SPECIAL MILK PROGRAM)
- 5) Submit for approval

1) Sign in to the online system

- a) Go to <http://vtcnp.doe.state.vt.us> **1** and b) login with your user name and password **2**



This site is best experienced with [Internet Explorer](#) 4.0 (or higher) or [Netscape](#) 4.5 (or higher) and a screen resolution of 800 x 600 (or greater).
Some documents must be viewed with the latest version of [Adobe Acrobat Reader](#).

1

System Login

Please enter your User Name

Please enter your Password

Login into the system.

2

**Vermont Department of Education
School Nutrition Program**

**Hancock Town School District
T091**

 School Year **2010 - 2011**
[CORE](#) | [CAMP](#) | [NSLP](#) | [SFSP](#)
[SFA Search](#) | [Logout](#)

[Applications](#) | [Claims](#) | [Reports](#) | [Security](#)

Summer Is Here!

Last Updated July 12, 2010

Child Nutrition Program Summer Activities - See Below

[2010-2011 INCOME ELIGIBILITY GUIDELINES \(IEGs\) Delayed](#)

- 2009-2010 IEGs typically set to expire June 30
- 2010-2011 publication of poverty guidelines continues to be delayed
- until new guidelines are received, please use the 2009-2010 IEGs on your application materials

Screen items to note:

- School Food Authority (SFA) name 1
- current school year 2
- NSLP (National School Lunch Program) link is activated 3
- menu options 4
- current bulletin board message 5

2) Update (with 2011-2012 information) the online SFA agreement

a) If current school year 2 is not 2011-2012, click on year **2010 - 2011** and select 2012:

Select Year	
Select School Year	
2012 < Selected	2011 - 2012
2011	2010 - 2011
2010	2009 - 2010
2009	2008 - 2009

b) Click on **Applications** in the menu, and b) **Agreements** on the next screen. This will bring you to a screen that looks like this:

Applications > Agreements:

LEA Number T091	SFA Name Hancock Town School District
---------------------------	---

Item Description	Status	Last Updated	Options
SFA Agreement			New App
Site Agreement(s)			SFA Agreement Required
Currently, no site applications have been added.			
Checklist	--	--	View Modify Delete Add
Date Submitted for Approval	Date Approved	Status	

Return to previous page.

Submits the enrollment package for Approval.

c) Click on **New App** .

d) Review the information rolled over from 2010-2011:

Is the information in School/RCCI Type correct, Mailing Address, Street Address, Food Service Director / Manager and Reimbursement Claims Official correct? If not, update with the new information:

Section A - School/RCCI Type

A1. Indicate the type of education agency (Choose One):

- A. Public School
- B. Private School
- C. Public Residential Child Care Institution(RCCI)
- D. Private Residential Child Care Institution(RCCI)
- E. Summer Camp (Special Milk Program only)
- F. Non Residential Child Care Program (Special Milk Program only)

Mailing Address

A2. Address 1:

A3. Address 2:

A4. City: State: Zip:

* Note: All correspondence will be sent to the mailing address.

Street Address

The street address is the same as the mailing address

A5. Address 1:

A6. Address 2:

A7. City: State: Zip:

* Note: All correspondence will be sent to the mailing address.

Fill in all information for Food Service Director / Manager, and Reimbursement Claims Official.

REQUIRED: Emails (this is how we communicate with you; emails that work/that are correct are important to us!):

Food Service Director / Manager

	<u>First Name</u>	<u>Middle Init.</u>	<u>Last Name</u>
A8. Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
A9. Email:	<input type="text"/>		
A10. Position:	<input type="text"/>		
A11. Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>

Reimbursement Claims Official

Same as Food Service Director / Manager

	<u>First Name</u>	<u>Middle Init.</u>	<u>Last Name</u>
A12. Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
A13. Email:	<input type="text"/>		
A14. Position:	<input type="text"/>		
A15. Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>

If you have a food service management company contract, enter the renewal information. Everyone with a contract had a new contract in 2010:

- ‘Date Original Contract was Signed’ should be mm/dd/2010
- ‘Initial Year of Contract’ should be 2010

Food Service Management Company

A16. Will the school nutrition program be operated/managed by a Food Service Management Company (FSMC)? Yes No

If Yes - complete the additional forms and mail to VTDOE

A17. Contracts shall be of a duration of no longer than one year. Options for yearly renewal may not exceed four additional years. Please date initial contract was signed and each succeeding year up to and including the current School year:

Full Name of FSMC:

Date Original Contract was Signed:	Initial Year of Contract:	First Year Renewal:	Second Year Renewal:	Third Year Renewal:	Fourth Year Renewal:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A16 'Yes' will produce a checklist items (found under

[Applications > Agreements:](#)

Item Description

SFA Agreement
 Site Agreement(s)

Checklist

A19 Racial /ethnic will be pre-populated from the state collection. Update the A20 information that rolled over from 2010-2011. Provide this from your SFA collection; combine all the sites in your SFA to get these percentages

Racial / Ethnic Make Up

A19. Racial/ethnic make up of this program's service area: (See Dept. of Education's School Population Data Report) See DOE Web site. [New SFA s only]

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	White	Other
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

A20. Racial/ethnic make up of SFA enrollment:

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	White	Other
<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

A21 is needed only if you will be vending meals:

Vending Information

A21. Will the school nutrition program cater or vend meals to other programs that are not claimed for federal reimbursement by this SFA? Yes No

If "Yes", check all that apply

- Sr. Citizen/Adult Day Care Program
- Special Functions
- Even Start
- Head Start
- Private School
- Infant/Early Childhood Program
- Summer Food Service Program
- Daycare/Childcare
- Other: Please explain:

‘Yes’ is the default / typical response for A22 thru A24. If you select no on any of these, a **Checklist** item will be produced. Fill in A25 thru A27 for your SFA:

Eligibility Information

A22. Will you use the prototype Application for Free and Reduced Price Meals as furnished by VTDOE? Yes No N/A
 If **no**, submit a copy of the form that will be used to VTDOE for approval prior to use.

A23. Will you use the prototype Letter to Parent as furnished by VTDOE? Yes No N/A
 If **no**, submit a copy of the form that will be used to VTDOE for approval prior to use.

A24. Will you use the prototype Notification of Eligibility Determination as furnished by VTDOE? Yes No N/A
 If **no**, submit a copy of the form that will be used to VTDOE for approval prior to use.

A25. Applications for Free & Reduced Price Meals are approved at: Central Office School Level N/A Non Pricing School
 Other: Please explain

A26. Is verification completed at: Central Office School Level N/A Non Pricing School
 Other: Please explain

A27. Do you use computer software for application approval? Yes No N/A
 If **yes**, indicate name of software:

A28 thru A30 is required for RCCIs only:

Residential Child Care Institution (RCCI) only

A28. What is your student population type? Residential Residential and day students

A29. What documentation is used to qualify residential students for free meals? Residential Enrollment form AA Free and Reduced application Other, please describe:

A30. What documentation is used to qualify day students for free and reduced price meals? N/A Free and Reduced application Only claim paid meals reimbursement for c Other, please describe:

- e) To complete the SFA agreement, read and check A31 and A32. Choose your name in the drop-down on A33. **If your name does not appear, call Child Nutrition Programs.**



SFA Certification

- A31. I hereby certify that neither this SFA nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- A32. I certify that the information on this application form is true and correct to the best of my knowledge. I understand that this information is being given in connection with receipt of federal funds; Department officials may, for cause, verify information; and the deliberate misrepresentation will subject me to prosecution under applicable federal and state criminal statutes. The SFA hereby agrees to comply with all state and federal laws and regulations governing Child Nutrition Programs. The person signing below will ensure that all monthly claims for reimbursement represent meals/milk served by category and that records are available to support these claims. It is acknowledged that once signed and when approved by the Vermont Department of Education, this application places in force the permanent agreement effective with the current program year start date and any subsequent addendum for the current program year.
- A33. Authorized Signature: Date:

Lunch - Reimbursement Rate Determination

Lunches claimed for School Year (2008 - 2009)				
Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra \$.02 reimbursement rate
0	0	0	0.00%	<input type="radio"/> Yes <input checked="" type="radio"/> No

Lunch – Reimbursement rates above are pre-populated from 2009-2010 system data and should not be overridden.

- f) Click  and  to proceed to [Add Site Application](#)

3) Add site agreements for 2011-2012

A site agreement is required for each site (location where students are served food).

Child Nutrition Programs must add the name of your site to your SFA, or you will not be able to complete the agreement. If the site name does not appear when you click [Add Site Application](#), call Child Nutrition Programs.

- a) Click [Add Application](#) from your site list:

Site #	Site Name	Site Status	Options
1	Well-Fed School	Active	Add Application

You will be brought to an agreement with no information filled in (you must complete all the information for site agreements – no information carries over from 2010-2011)

b) Check the boxes for the programs at this site (check only the programs that this site runs)

Program(s) Operating - CFDA # 10.555

- | 1. Check All that Apply: | Description |
|--------------------------|--|
| <input type="checkbox"/> | A. National School Lunch Program (NSLP) |
| <input type="checkbox"/> | B. School Breakfast Program (SBP) |
| <input type="checkbox"/> | C. Afterschool Snack Program (ASP) |
| <input type="checkbox"/> | D. Special/Kindergarten Milk Program (SMP) |
| <input type="checkbox"/> | E. Seamless Summer Feeding Waiver (SSFW) |
-

At a minimum (required information depends on programs selected), you are required to complete the following sections (these sections are required for all programs, and are required regardless of the programs you checked in question #1):

- Mailing Address
- Site Contact
- Participation Information,
- Eligibility Officials

c) Enter the **Mailing Address** – this is the physical address if there is no PO Box for mail. Otherwise, enter the PO Box information.

Mailing Address

2.	Address 1:	<input style="width: 100%;" type="text"/>		
3.	Address 2:	<input style="width: 100%;" type="text"/>		
4.	City:	<input style="width: 150px;" type="text"/>	State: <input style="width: 50px;" type="text" value="VT"/>	Zip: <input style="width: 100px;" type="text"/>

d) Enter the **Site Address** (the physical address where the site is located)

Street Address

The street address is the same as the mailing address

5.	Address 1:	<input style="width: 100%;" type="text"/>		
6.	Address 2:	<input style="width: 100%;" type="text"/>		
7.	City:	<input style="width: 150px;" type="text"/>	State: <input style="width: 50px;" type="text" value="VT"/>	Zip: <input style="width: 100px;" type="text"/>

e) Enter the **Site Contact** – this is the person responsible for administering the site. **Email** is required (it is very important for us to have this and we will not approve the site agreement without an email):

Site Contact

		<u>First Name</u>	<u>Middle Init.</u>	<u>Last Name</u>
8.	Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	Email:	<input type="text"/>		
10.	Position:	<input type="text"/>		
11.	Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>

f) Complete the **Participation Information**:

Make sure you accurately select the grades for the lunch program for this site. We rely on this information to tell us which grades are served by this site. Incorrect grades could result in loss of program benefits (for instance, the Fresh Fruits and Vegetable Program is available for elementary schools only, so we would need to see elementary grades here. Even though the Fresh Fruits and Vegetable Program is not administered through the CNP website, we reference the CNP website information when working with the Fresh Fruits and Vegetable Program).

Participation Information

12.	Grades claimed at this site: (Check all that apply) <input type="checkbox"/> Check All Grades	Ungraded: <input type="checkbox"/>	Head Start: <input type="checkbox"/>	Pre-Kindergarten: <input type="checkbox"/>	Kindergarten: <input type="checkbox"/>
		1: <input type="checkbox"/>	2: <input type="checkbox"/>	3: <input type="checkbox"/>	4: <input type="checkbox"/>
		5: <input type="checkbox"/>	6: <input type="checkbox"/>	7: <input type="checkbox"/>	8: <input type="checkbox"/>
		9: <input type="checkbox"/>	10: <input type="checkbox"/>	11: <input type="checkbox"/>	12: <input type="checkbox"/>
13.	Does the SFA claim meals/milk on the weekend for this site?	<input type="radio"/> Yes <input type="radio"/> No			
14.	Are meals being claimed at this site for another site? If Yes , list site name(s) and numbers:	<input type="radio"/> Yes <input type="radio"/> No			
		<input type="text"/>			
15.	Does this site produce food? If No , select:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
		<input type="text"/>			
16.	Does school conduct Nutrient Analysis of own menus by computer? If yes , specify the software:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A			
		<input type="text"/>			

g) Enter the **Eligibility Officials:**

Please fill in correctly – we use this information to contact people when we have questions about applications or verification.

Eligibility Officials

20. Approving Official for Free/Reduced Applications
 Note: Approving official(s) must be a school district employee, not a FSMC employee, and must be different than the Hearing Official.
 Name: Title: Phone:

21. Hearing Officials for Free/Reduced Applications
 Note: Hearing official may not be connected to the application or verification processes and may not be a FSMC employee.
 Name: Title: Phone:

22. Verification Official for Free/Reduced Price Applications
 Note: Verification official(s) must be a school district employee, not a FSMC employee, and must be different than the Hearing Official.
 Name: Title: Phone:

h) Add information for each of the National School Lunch Programs you check in question #1:

A. National School Lunch Program (NSLP)

Complete **Participation Information** for the lunch program:

Participation Information

12. Grades claimed at this site:
 (Check all that apply)
 Check All Grades

Ungraded: <input type="checkbox"/>	Head Start: <input type="checkbox"/>	Pre-Kindergarten: <input type="checkbox"/>	Kindergarten: <input type="checkbox"/>
1: <input type="checkbox"/>	2: <input type="checkbox"/>	3: <input type="checkbox"/>	4: <input type="checkbox"/>
5: <input type="checkbox"/>	6: <input type="checkbox"/>	7: <input type="checkbox"/>	8: <input type="checkbox"/>
9: <input type="checkbox"/>	10: <input type="checkbox"/>	11: <input type="checkbox"/>	12: <input type="checkbox"/>

13. Does the SFA claim meals/milk on the weekend for this site? Yes No

14. Are meals being claimed at this site for another site? Yes No
 If Yes, list site name(s) and numbers:

15. Does this site produce food? Yes No N/A
 If No, select:

16. Does school conduct Nutrient Analysis of own menus by computer? Yes No N/A
 If yes, specify the software:

Complete Meal Prices:

Please note that the Adult meal price for lunch in question #17 must be equal to or more than the free reimbursement rate plus the commodity rate (the two added together). This is a USDA requirement, and we will not approve the agreement (except in rare circumstances noted below) if the rates are lower. The adult price may be higher than this sum, but it cannot be lower. This sum is the minimum price for adult lunches.

The adult meal price for breakfast must at least equal the free reimbursement rate (there are no commodities allotted for breakfast). This is the minimum price for adult breakfast.

If adults receive larger servings or special meals, their price must be higher than the minimum.

Sites that do not charge for reduced price meals should leave the Reduced Price Lunch as 0.00. Even though you do not put a price here, you will still be reimbursed the reduced rate at claim time (you must still count and claim the number of reduced price meals served).

Question #18 is a double-check on your adult minimum price as noted above. If the prices are higher, check YES and skip question #19.

In rare circumstance, we will allow a 'NO' on question #18. In this scenario, you must either check YES in #19, or check NO and submit a letter explaining: a) why the price charged to adults is less than the minimum and b) the source of funding for underwriting the adult meal costs. A checklist item will be generated for this, and we will not approve the application without the letter.

Meal Prices

17.	Meal Type	Full Price #1	Full Price #2	Full Price #3	Reduced Price	Adults Price
	Lunch	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Breakfast	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	After School Snack	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	If no adult meal price, are adult charges a la carte?					
	Lunch	<input type="radio"/> Yes <input type="radio"/> No				
	Breakfast	<input type="radio"/> Yes <input type="radio"/> No				
	After School Snack	<input type="radio"/> Yes <input type="radio"/> No				
18.	Is the price charged Adults greater than or equal to the free reimbursement plus the value commodities?				<input type="radio"/> Yes <input type="radio"/> No	
19.	If no, does the SFA use general funds to support adult prices?				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

C. After School Snack Program (ASP)

In the first year of After School Snack (when the program is new), you must submit; a) Statement of Intent to Participate in the After School Snack Program; b) have your Eligibility verified by Child Nutrition Programs before completing this section.

C4 is required and must show the enrichment or educational activities that make up the after school program (we must see actual activities, and not just the name of the program). If you have any questions about the allowable after school program activities (for instance, After School Snack Program is not allowed for athletic programs), contact Child Nutrition Programs.

Section C - AFTERSCHOOL SNACK PROGRAM (ASP)

C1. Months of Operation (Check all that apply)

Alt:	<input type="checkbox"/>	Jul:	<input type="checkbox"/>	Aug:	<input type="checkbox"/>	Sep:	<input type="checkbox"/>	Oct:	<input type="checkbox"/>	Nov:	<input type="checkbox"/>	Dec:	<input type="checkbox"/>
Jan:	<input type="checkbox"/>	Feb:	<input type="checkbox"/>	Mar:	<input type="checkbox"/>	Apr:	<input type="checkbox"/>	May:	<input type="checkbox"/>	Jun:	<input type="checkbox"/>		

C2. Day(s) of the week snacks are served:

Mon:	<input type="checkbox"/>	Tue:	<input type="checkbox"/>	Wed:	<input type="checkbox"/>	Thu:	<input type="checkbox"/>	Fri:	<input type="checkbox"/>	Sat:	<input type="checkbox"/>
------	--------------------------	------	--------------------------	------	--------------------------	------	--------------------------	------	--------------------------	------	--------------------------

What time does the normal school day end?

Note: Snack may only be claimed on days school is in session.

C3. Is this a Non Pricing program? Yes No

C4. List the Educational or Enrichment component offered in the Afterschool Snack Program:

C5. Eligibility determined by:

Site Eligibility (%Eligible is greater than or equal to 50%)
(Eligible to claim all snacks free)

Area Eligibility (%Eligible is greater than or equal to 50%)
(Eligible to claim all snacks free)

Non-Area Eligibility (%Eligible is less than 50%)
(Must claim by Free, Reduced, Paid Categories)

If C5 is 'Site Eligibility', enter the name of the site which is 'site eligible'. If C5 is 'Area Eligible', enter the name of the town or area which is 'area eligible' in this box:

Enter the site name of the closest area site, if not this site:

Please complete all the information (including email) for the After School Snack Contact:

Afterschool Snack Contact

		<u>First Name</u>		<u>Middle Init.</u>		<u>Last Name</u>
C6. Name:		<input type="text"/>		<input type="text"/>		<input type="text"/>
C7. Email:		<input type="text"/>				
C8. Position:		<input type="text"/>				
C9. Phone:		<input type="text"/>		Ext: <input type="text"/>		Fax: <input type="text"/>

D. Special/Kindergarten Milk Program (SMP)

The site is eligible for the Special Milk Program only when there are children who do not have access to the School Breakfast or School Lunch program. If question D2 is YES, the Special Milk Program is not applicable and the agreement will not be approved.

The program must be operated on a non-profit basis, and the reimbursement must be used to reduce the price of milk to all children in the program.

If you have a pricing program, enter the price you will charge students (typically the cost of the milk minus the reimbursement of .1775, plus a penny or two for straws, napkins, etc) in the box shown below. Do not enter the cost of the milk; the average cost of your milk is entered on your monthly claim (you may have a different average cost each month). Again, the cost you charge students is typically the cost of the milk minus the reimbursement, plus a penny or two for supplies).

Section D - SPECIAL MILK PROGRAM (SMP)

D1. Type of Special Milk:

School/Child Care Center/Preschool (SMP only) – All months

Summer Camp (SMP only) – June, July, Aug

Split session kindergarten milk – All months

D2. Do children participating in the special milk program have access to School Breakfast and/or Lunch meals? Yes No

D3. Months of Operation (Check all that apply)

All:	<input type="checkbox"/>	Jul:	<input type="checkbox"/>	Aug:	<input type="checkbox"/>	Sep:	<input type="checkbox"/>	Oct:	<input type="checkbox"/>	Nov:	<input type="checkbox"/>	Dec:	<input type="checkbox"/>
Jan:	<input type="checkbox"/>	Feb:	<input type="checkbox"/>	Mar:	<input type="checkbox"/>	Apr:	<input type="checkbox"/>	May:	<input type="checkbox"/>	Jun:	<input type="checkbox"/>		

D4. Counting procedures for milk:

If 'Other', please explain:

Special Milk Program Information (for D5):

Pricing Program – Free Milk Option:

Pricing Program with Free Milk Option: Milk is provided free to those children who qualify for free milk based on family income as reported on their Application for Free Milk. Milk is sold to other children participating in the program.

The program charges only non-free eligible students for milk and milk served to free eligible students is reimbursed at the average cost per milk (entered on the claim). Milk served to students who are charged is reimbursed at the regular rate (.1775 for 2010-2011). In the price charged box Price charged per ¼ pint Milk: enter the amount that you will charge students (typically the cost of the milk minus the reimbursement, plus a penny or two for straws, napkins, etc).

Pricing Program With No Free Milk Option:

Pricing Program with No Free Milk Option: Milk is sold to all children participating in this program.

The program charges all students for milk, and all milk served is reimbursed at the regular rate. In the price charged box Price charged per ¼ pint Milk: enter the amount that you will charge students (typically the cost of the milk minus the reimbursement, plus a penny or two for straws, napkins, etc).

Non-Pricing Program

Non-Pricing Program: Milk is provided free of charge to all children participating in the program

Milk is provided free to all students regardless of family income status, and all milk served is reimbursed at the regular rate (there is no option for average cost reimbursement for free eligible students with this program option)

The note ‘Adults must be charged at least the actual cost for milk’ (Adults must pay at least the actual cost for milk) is a reminder for adult pricing – do not enter the actual cost of the milk here.

If you have questions about the Special Milk Program, contact Child Nutrition Programs at (802) 828-2447.

E. Seamless Summer Feeding Waiver (SSFW)

Seamless Summer Feeding Waiver is now called Seamless Summer Option (at some point, we will update the program name in the system)

Check the months that the summer program will be operating:

Section E - SEAMLESS SUMMER WAIVER PROGRAM (SSWP)

E1. Months of Operation (Check all that apply) All: Jul: Aug: Sep: Oct: Nov: Dec:
 Jan: Feb: Mar: Apr: May: Jun:

E2. Site Type: Public School Camp Park
 Private School Non School Organization

E3 Site Eligibility indicates the low-income designation for this site:

E3. Site Eligibility Information: Open using school data Camps Open using Census Data
 Closed enrolled Migrant

‘Open using school data’ means the site is -

A school that has been designated low-income (has 50% or more of its students eligible for free and reduced meals) per the Eligibility Report [Free and Reduced Eligibility Report for 2010 PDF](#) (found here http://education.vermont.gov/new/html/pgm_nutrition/school_nutrition/program_info.html)
 - or -

The site is located in a town that has been designated low-income (derived from this same report).

‘Open using Census Data’ refers to designation via 2000 Census Maps.

Either of the ‘open’ types indicates the program will serve any children who drop in, on a first-come, first-serve basis, and that all meals served are reimbursable.

‘Closed Enrolled’ indicates that the program is limited to a list of specific children, that individual eligibility information is available for each child, and that at least 50% of the enrollees are free or reduced eligible. With this designation, all meals served are reimbursable.

‘Camp’ indicates that, again, the program is limited to a specific list of children, and that less than 50% of them are free or reduced eligible. Camps are reimbursed only for meals served to eligible children.

For eligibility questions, please call Nancy Lewis at (802) 828-5155

Indicate the meals you will be serving, and number of children that will be fed at this site:

E4. Meals Claiming: Breakfast: Lunch: Supper: Snack:

E5. Estimated Number of Children to be Served:

Select the method that the site (when the child is served) will use to indicate that a reimbursable meal has been served:

E6. Counting procedures for SSWP:

- Automated/Computerized System
- Cash Register
- Cash Register & Roster
- Clicker (counting/claiming in one category)
- Electronic Device (e.g. wand, pen/roster)
- ID Card
- Roster
- Tickets/Tokens
- Other (must submit written procedure for approval)

E7 refers to a non-SFA organization responsible for managing this site (for instance, a food service management company may be delegated to operate the food service at this location)

E7. Does separate organization operate this site under the authority of the SFA? Yes No

If 'Yes', please explain:

Complete E8 or E9 – whichever is required for your eligibility type:

E8. (At Open Site Only)
Select how the SFA will advertise the availability of meals; including hours, days, and week's meals will be served

Newspaper release: Fliers/Posters: School Newsletter:

Other:

(please describe)

E9. (For Closed and Camps Only)
For each Closed Enrolled site, describe justification for sponsoring these sites, instead of open or restricted open sites:

- Less than 50% of school enrollment qualifies for free or reduced price meals, but the target audience has a high percentage of eligible children.
- The school is located in low-income area but is not a neighborhood school (i.e. students are bussed in and out of the area.
- Less than 50% of the target audience is eligible for free or reduced price meals, but there is an organized schedule of activities with mealtime included.
- Other:(please describe)

i) Click **Save** and **Finish** and **Submit for Approval**. If there are no checklist items, you will see this:

The Application Package has been processed.

< Agreement Menu | [Return to Agreements.](#)

Notify Child Nutrition Programs that the application is ready for approval (Child Nutrition Programs must approve the Application Package before any site claims can be submitted).

If you have checklist items (indicated by the below message), please submit the items to Child Nutrition Programs. When we receive the items, we will continue the approval process and will contact you if we have any questions.

The Application Package you tried to submit for approval caused a critical error and could **not be processed!**
The following message describes the error.

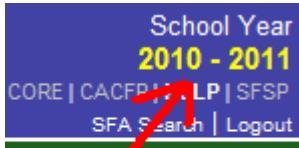
Code	Description	Type
61322	Package could not be submitted. All checklist date submitted items must be completed.	Fatal

Completing the Financial Information

In preparation for renewal, School Food Authorities need to close out their financial information: USDA requires that School Food Authorities report net cash resources remaining from the prior year before renewing their agreements for the new year.

The default year in the online system will be the new year (2010-2011). Since Financial Information will be reported for the prior year, you need to change the School Year in the online system.

In the upper right on the menu, select the School Year **1** **2011 - 2012**



Then **2** **2010** :

Select School Year	
2012	2011 - 2012
2011 < Selected 2	2010 - 2011
2010	2009 - 2010
2009	2008 - 2009

From the menu, select **3** **Applications** then **4** **Financial Information** :

Applications Claims Reports Security	
Applications 3	
LEA Number T091	SFA Name Hancock Town School District
Item	Description
SFA Profile	NSLP Sponsor's Profile Information
Agreements	Applications and Agreement Forms
Unapproved Applications	View unapproved applications
Financial Information 4	Financial Information Forms
Authorized Signers	NSLP Authorized Signers

Click **5** **New Form** :

Item Description	Status	Last Updated	Options
SFA Financial Information Form			5 New Form

This is a report of the entire Food Service Program Activity from July 1, 2010 through June 30, 2011. Please be sure to review all records and report the data accurately.

1) Net Cash Resources

Report your net cash resource figure that was reported at the end of last year, June 30th. If this was a negative number, you must enter zero. A deficit may not be carried over. This deficit amount is typically covered by the general fund as it pays all of the bills.

Net Cash Resources from Previous Year	\$	0.00
---------------------------------------	----	------

2) Revenue

This section reports all income to the food service program from cash sales, federal and state reimbursement, value of donated food, and local general fund transfers and appropriations from other sources.

Interest and dividends	\$	0.00
------------------------	----	------

- the money earned on bank deposits, investments, etc. for the food service program account. Enter the total amount of interest and dividends earned from July 1 through June 30.

Student meals	\$	0.00
---------------	----	------

- the student payments received for reduced price and paid meals. (Breakfast, Lunch and Snack). Enter the total dollar amount of revenue from student meals as of June 30. If this is a non-pricing program, enter 0.

Adult meals	\$	0.00
-------------	----	------

- Adult payments received for adult meals. Enter the total dollar amount of revenue from adult meals as of June 30.

A la carte sales	\$	0.00
------------------	----	------

- All food services provided to children or adults outside the breakfast, lunch and snack program. This includes milk served to children bringing their lunches, extra milk, or extra meal items (second pieces of pizza) a la carte items, partial meals sold to adults, snack milk or juice, second lunches sold to students and sales from vending machines. Enter the total dollar amount of all a la carte sales as of June 30.

Special events and catering	\$	0.00
-----------------------------	----	------

- Includes providing snacks or meals for faculty or board meetings, catering a district-wide meeting, providing refreshments for an open house, etc.. Enter the total dollar amount of revenue from catering and funds earned from food service for providing meals and/or snacks at special events.

State match payments	\$	0.00
----------------------	----	------

- There are two state match payments made each year; one for lunch and one for breakfast, which are typically made in January of each school year. The revenue code on the voucher for these payments is **3450** for school lunch and **3452** for school breakfast. Do not combine State Match and Federal reimbursement payments in this line item. Enter the total dollar amount of revenue received from the State Match payments received by the State Agency as of June 30.

Federal reimbursements \$ - Includes all federal revenue received for the reimbursement of Breakfast, Lunch, Snack, and Milk. Fresh Fruit and Vegetable Grant Funds should also be reported here as well. Enter the total dollar amount of reimbursement earned for Breakfast, Lunch meals, Snacks and Milk reimbursement as of June 30. The program should also report the Fresh Fruit and Vegetable Grant reimbursement earned as well.

General fund transfers \$ - Transfers made by the school district typically to cover start-up costs or deficits in the food service program. With start-up transfers, the school district may transfer the fund, in part or whole, back out of the account during the school year which would be accounted for as an interfund payable. Enter the general fund transfer made to the school food service program account as of June 30.

General fund appropriations \$ - The line item in the school budget where an appropriation is specifically made for the food service program during the annual school budget approval process. Enter the amount of the appropriation approved and received, if any, as of June 30.

Other food service income \$ - Any other revenue received that does not fit the categories outlined above. You may enter your value of Commodities received in this section. If you enter value of Commodities received in this section, you must enter value of commodities used in the Food Costs section below). Enter the amount of other food service revenue/income as of June 30.

Total Revenue \$ - Add each of the Total Revenue line items and enter the total in the Total Revenue Box.

Total Revenue Plus Net Cash Resources \$ - Add each of the line items above (Total Revenue plus Total Net Cash Resources) and enter the total in the Total Revenue Plus Net Cash Resources Box.

3) Costs

This section reports the expenses generated in the food service program. This section classifies the sources of the different expenses or program costs to the food service program.

Salaries \$ - Includes regular pay, extra time, overtime pay, vacation time, severance time, sick leave, holiday pay, substitute pay, administrative salaries, and other salaries and wages paid from food service funds. Enter the total wages and salary costs for the fiscal year (July 1 – June 30).

Benefits \$ - Includes social security, all insurance applicable to employees, workers' compensation, retirement contributions paid by the food service program, and unemployment insurance. This item may include, according to school board policy, medical or health insurance and other employee benefits such as uniforms paid for by school food service funds. Enter the total cost of employee benefits for the fiscal year (July 1 – June 30).

Food costs \$ - Includes the amount expended for the purchase of all food sold in the food service operation and the value to commodities used. If you entered value of commodities used, you must have entered commodities received in the revenue section above. Enter the total cost of food purchases for the food service program as of June 30.

Supplies \$ - Includes expenses for paper or disposable supplies, office supplies, dish machine supplies, cleaning supplies, etc.. Enter the total cost of food service program supplies as of June 30.

Equipment \$ - Includes costs for initial equipment or replacement equipment which has a useful life of more than one year. Enter the total cost of equipment as of June 30.

Repair/maintenance \$ - Costs for repairing and maintaining equipment in the food service area. Enter the total repair and maintenance costs for food service equipment as of June 30.

Special events and catering costs \$ - Expenses for special events catering such as sports banquets, board meetings, etc. and would include food, labor, supplies, etc. for these events. Enter the total costs for special events catering as of June 30.

Utilities \$ - Costs for electricity, gas, fuel, phone, trash, etc that the food service program is responsible for paying. Enter the total cost of utilities as of June 30.

Depreciation \$ - The non-cash reduced value of equipment in the food service program. Enter the depreciation value, if used.

Other direct costs \$ - Any other costs that do not fit any of the categories listed above. This would include the management fee if a Food Service Management Company is used at this school. Enter Other Direct Costs as of June 30.

Total Costs \$ - Add the total costs for the food service program and enter the total in the Total Costs box.

4) Current Assets – Exclude Inventory and Fixed Assets

Cash \$ - Consists of cash deposited in banks and cash on hand (do not include Inventory and Fixed Assets). Enter total cash on hand, in bank accounts in school account (including “Profit” from this year) as of June 30. You have a “Profit” when (above) Section 2 Total Revenue minus (above) Section 3 Total Costs is a positive number (revenues are greater than expenses); if you have a “Profit”, include that in amount here.

Petty cash \$ - The small amount of discretionary funds sometimes kept on hand for small purchases for the food service program. Enter the amount of petty cash on hand as of June 30.

Investments \$ - Certificates of Deposit and other investments are included in this item. Enter the total amount of school food service investments as of June 30.

Accounts receivable \$ - Funds owed to the food service for services rendered with promise to pay. Examples are special school events, catered services, contract meals, meals, etc. Enter the total amount due to the school food service program as of June 30.

Interfund receivables \$

- Receivables due from another fund. Enter the interfund receivable as of June 30.

State match receivable \$

- State match funds that are due the food service program. Enter the amount of State Match Receivable.

Federal reimbursement receivable \$

- Federal reimbursement that is due the food service program from the last month or two of operation. Enter the amount of reimbursement due as of June 30.

Special events and catering receivables \$

- Monies due the program for special events and catering. Enter the amount of monies due the program for special events, catering, use of the kitchen by outside groups, salary for food service staff to be on site when other groups use the kitchen, etc., as of June 30.

Other current assets \$

- Other program assets not mentioned or included above. Enter the value of other current assets as of June 30.

Total Current Assets \$

- Add the total assets and enter in the Total Current Assets box.

5) Current Liabilities – Exclude Long Term Liabilities and Equity

Accounts payable \$

- The amount that the food service program owes for goods and services purchased (unpaid bills). Enter the total of accounts payable (unpaid bills) as of June 30.

Interfund payables \$

- The amount owed if there was an interfund transfer for start up costs, for example. Enter the total interfund payable as of June 30.

Special events and catering payables \$

- The amount that the food service program owes in unpaid bills for catering special events. Enter the total amount of the unpaid bills for special events and catering as of June 30.

Salaries accrued/payable \$

- Salaries and wages owed, but not paid until after the balance sheet date. Example – In some school districts, salaries are earned in 9 to 10 months, but paid out over 12 months. Enter the amount of salaries and wages payable as of June 30.

Benefits accrued /payable \$

- Benefits owed, but not paid until after the balance sheet date. Example – In some school districts, salaries are earned in 9 to 10 months, but paid out over 12 months. Enter the amount of benefits payable as of June 30.

Payroll deductions and withholding \$

- Deductions from paychecks and amounts withheld from paychecks. Enter the total amount withheld as of June 30.

Advances from other funds \$

- Includes start up advances for purchasing food items and making payroll to get the program started at the beginning of the program year. Enter the total amount of advances from other funds as of June 30.

Other current liabilities \$

- Other obligations or expenses that the program has that are not covered elsewhere. Enter the total amount of other current liabilities as of June 30 (including “Loss” from this year). You have a “Loss” when (above) Section 2 Total Revenue minus (above) Section 3 Total Costs is a negative number (expenses are greater than revenues); if you have a “Loss”, include that in amount here.

Total Current Liabilities \$

- Add the total current liabilities and enter the total in the Total Current Liabilities box.

6) Net Cash Resources

Net Cash Resources (Total Assets minus Current Liabilities) \$

- Subtract the (above) Total Current Liabilities from the (above) Total Current Assets. Enter the difference in the net cash resources box.

Please be sure to click on the **Save** button and then the **Finish** button to submit the Financial Information on the CNP Web:

Item Description	Status	Last Updated	Options
SFA Financial Information Form	Active	07/15/2011	View Modify Delete Admin Summary

Submitting Claims

To receive reimbursement for meals served, a School Food Authority must file a monthly claim in the online Child Nutrition Program system. Information is entered into the system after all meals are served for the month, and total numbers by eligibility (free, reduced and paid) are counted. In addition to meals served, you will enter:

Total Enrollment

Average Daily Attendance (ADA)

Approved Free

Approved Reduced

Number of Days of Operation

If you have a Special Milk Program claim, ***Average Cost to School for ½ Pint Milk***

You may want to gather this information before going into the online system (see 2 f below for more information about each of these items).

Claim Deadlines

Claims may be filed up to 60 days after the last day of the claim month:

Claim Month	Latest Submission
July Claim for Reimbursement	September 29
August Claim for Reimbursement	October 30
September Claim for Reimbursement	November 29
October Claim for Reimbursement	December 30
November Claim for Reimbursement	January 29
December Claim for Reimbursement	February 29 (leap year) or March 1
January Claim for Reimbursement	March 31 (leap year) or April 1
February Claim for Reimbursement	April 29
March Claim for Reimbursement	May 30
April Claim for Reimbursement	June 29
May Claim for Reimbursement	July 30
June Claim for Reimbursement	August 29

Every week (except during June / at the end of the fiscal year), the Department of Education collects the Child Nutrition Program system claim information and forwards it to the State of Vermont. The State of Vermont writes a check to your School Food Authority (or to your Supervisory Union if you are a public school). A descriptive code tells you which portion(s) of the check is reimbursement for a meal program:

CFDA #10.555 (National School Lunch Program)

4450 – School Lunch

4448 – After School Snack

3452 – Distributed in January, state monies allocated for the School Breakfast program

3450 - Distributed in January, state monies allocated for the School Lunch program

3453 – Additional reduced price Breakfast state reimbursement

CFDA #10.582 (Fresh Fruit and Vegetable Program)

4449 – Fresh Fruit and Vegetable Program

CFDA #10.553 (School Breakfast Program)

4452 – School Breakfast

CFDA #10.556 (Special Milk Program)

4451 – Special Milk

CFDA #10.558 (Child and Adult Care Food Program)

CFDA #10.559 (Summer Food Service Program)

There are 3 basic steps to the claim process:

1. Sign in to the online system
2. Enter each sites numbers
3. Submit for Processing

Additional (**not required each month**) claim processes:

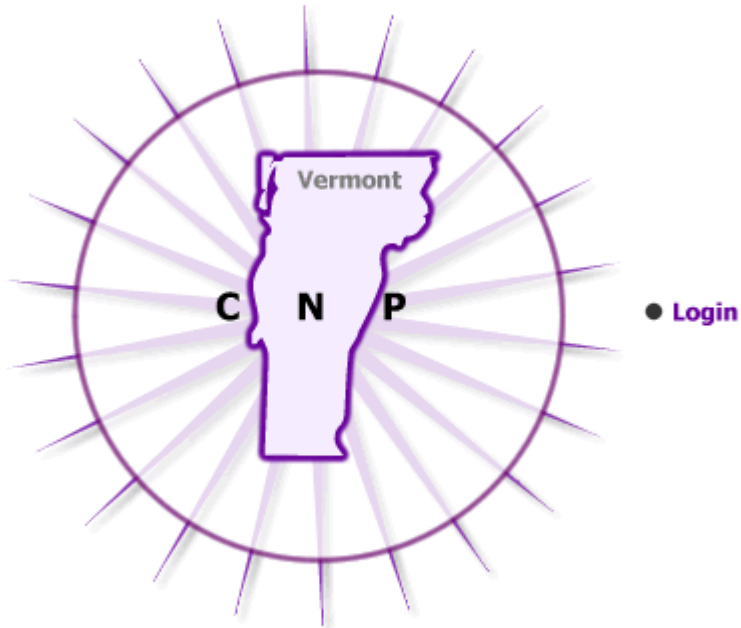
1. Revising a claim
2. Summary information
3. Claim Rates
4. Correcting system errors

Basic Claim Process

1) Sign in to the online system

a) Go to <http://vtcnp.doe.state.vt.us> **1** and b) login with your user name and password **2**

Child **N**utrition **P**rogram



This site is best experienced with [Internet Explorer](#) 4.0 (or higher) or [Netscape](#) 4.5 (or higher) and a screen resolution of 800 x 600 (or greater).
Some documents must be viewed with the latest version of [Adobe Acrobat Reader](#).

1

System Login	
Please enter your User Name	<input type="text"/>
Please enter your Password	<input type="password"/>
<input type="button" value="Login"/> Login into the system.	

2

Vermont Department of Education
School Nutrition Program

Hancock Town School District
T091

School Year
2010 - 2011
CORE | CAMP | NSLP | SFSP
SFA Schools | Logout

Applications Claims Reports Security

4

1

2

3

5

Summer Is Here!

Last Updated July 12, 2010

Child Nutrition Program Summer Activities - See Below

[2010-2011 INCOME ELIGIBILITY GUIDELINES \(IEGs\) Delayed](#)

- 2009-2010 IEGs typically set to expire June 30
- 2010-2011 publication of poverty guidelines continues to be delayed
- until new guidelines are received, please use the 2009-2010 IEGs on your application materials

Screen items to note:

- School Food Authority (SFA) name 1
- current school year 2
- NSLP (National School Lunch Program) link is activated 3
- menu options 4
- current bulletin board message 5

If current school year 2 is not correct, click on year (2011 - 2012, for example – in upper right corner) and select the correct year for the claim:

Select School Year	
2012 < Selected	2011 - 2012
2011	2010 - 2011
2010	2009 - 2010
2009	2008 - 2009

b) Click on **Claims** in the menu. This will bring you to main Claims screen:

Claims

LEA Number	SFA Name
T034	Brownington Town School District

Item	Description
Claim Entry	NSLP SL Claim Entry
Claim Rates	NSLP Claim Rates - view current claim rates

c) This screen gives you two options – enter a claim ([Claim Entry](#)), or view current year reimbursement rates ([Claim Rates](#)). To complete a claim, click on Claim Entry:

Item	Description
Claim Entry	NSLP SL Claim Entry
Claim Rates	NSLP Claim Rates - view current claim rates

This will bring you to the main Claims Entry screen:

Claim Month	Revision Number	Claim Status	Month to Date	
			Earned Amount	Amount Paid
Jul 2011		--	\$0.00	\$0.00
Aug 2011		--	\$0.00	\$0.00
Sep 2011		--	\$0.00	\$0.00
Oct 2011		--	\$0.00	\$0.00
Nov 2011		--	\$0.00	\$0.00
Dec 2011		--	\$0.00	\$0.00
Jan 2012		--	\$0.00	\$0.00
Feb 2012		--	\$0.00	\$0.00
Mar 2012		--	\$0.00	\$0.00
Apr 2012		--	\$0.00	\$0.00
May 2012		--	\$0.00	\$0.00
Jun 2012		--	\$0.00	\$0.00
Year to Date Totals			\$0.00	\$0.00

[< Back](#) Back to Claim Menu Items

2) Enter each sites numbers

a) to enter a claim for the month, click on that month (blue indicates the months available):

Claim Month
Jul 2010
Aug 2010
Sep 2010

If you have not previously entered claim information for this month, your screen will look like this:

Claim Month: **July 2010**

Revision #	Received Date	Paid Date	Earned Amount	Status	Options
There are no claims for this month.					
					Add Original Claim
Total Earned			\$0.00		

[< Back](#) Back to Claim Month Summary.

[Add Original Claim](#)

b) click on .

Claim Month: **July 2010** Revision: **0**

Site Claims	Status	Earned Amount	Options
Brownington Central School	--	\$0.00	Add Claim
Total Earnings		\$0.00	
Net Claim Earnings		\$0.00	

Date Last Updated	Date Claim Submitted	Date Claim Processed

[< Back](#) Back to Claim Months.

Options

[Add Claim](#)

c) for each site with a claim for the month, click on [Add Claim](#). The next screen has entry boxes for each program's claim information:

Claim Information
 Submission Type: Original Received Date: 09/07/2010

Meals: Breakfast - Lunch - Snack

Program	Eligibility Information				Meal Information				
	Total Enrollment	ADA	Approved Free	Approved Redc.	Number of Days of Operation	Free Meals Served	Reduced Meals Served	Paid Student, Full Price	Adult Meals Served
1. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Seamless Summer Waiver Program

Average Daily Attendance

Program	Number of Days of Operation	Free Meals Served
1. Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>
3. Snack	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Supper	<input type="text" value="0"/>	<input type="text" value="0"/>

Special Milk

Average Cost to School for 1/2 Pint Milk

Number of Students Approved for Free Milk

Program	Number of Days of Operation	Free Milk Served	Paid Milk Served
Special Milk	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Program	Total Enrollment
1. Lunch	<input type="text" value="0"/>
2. Breakfast	<input type="text" value="0"/>
3. Snack	<input type="text" value="0"/>

Total Enrollment is the number of students (from the count taken at the end of the claim month) who are enrolled in the school that could participate (who have access to meals), regardless of whether or not they eat a meal. This number represents the maximum number of first meals that could be served to students each day.

ADA
<input type="text" value="0"/>
<input type="text" value="0"/>
<input type="text" value="0"/>

Average Daily Attendance (ADA) is from your school's daily attendance records. The daily attendance for the month is added together, then divided by the number of days the school operated during the month. ADA is collected for each meal program (Lunch, Breakfast and Snack)

Approved Free	Approved Redc.
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>

Approved eligibility numbers (**Approved Free** and **Approved Reduced**) are counted on the last day of the month, after all approvals for the month are complete. Use the largest number of eligible students for the month (if a student was eligible any time during the month, count that student in their highest reimbursement category - for example free rather than reduced, and reduced rather than paid - for the month). Approved eligibility must be reported for each meal program (Lunch, Breakfast and Snack)

Number of Days of Operation
<input type="text" value="0"/>
<input type="text" value="0"/>
<input type="text" value="0"/>

Number of Days of Operation is the number of days that the school operated the meal program during the claim month. Number of Days of Operation is collected for each meal program (Lunch, Breakfast and Snack)

Meal Information			
Free Meals Served	Reduced Meals Served	Paid Student, Full Price	Adult Meals Served
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Meals Served is collected for each meal program (Lunch, Breakfast and Snack), and is broken down by eligibility category: Free, Reduced, Paid Student, and Adult (non-reimbursable). This is the count of meals served by category, as recorded on the meal count sheet for each site.

If you have a Special Milk Program, that information is collected separately:

Special Milk			
Average Cost to School for 1/2 Pint Milk	<input type="text" value="0.0000"/>		
Number of Students Approved for Free Milk	<input type="text" value="0"/>		
Program	Number of Days of Operation	Free Milk Served	Paid Milk Served
Special Milk	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Be sure to enter the cost of your milk for the month (from your milk purchase receipt). Enter the average cost of a half pint of milk – this is the price the dairy or vendor charges the school. **Do not enter the price the school charges the students!:**

Special Milk	
Average Cost to School for 1/2 Pint Milk	<input type="text" value="0.0000"/>

In pricing programs or programs that offer “free milk”, enter the number of students approved as eligible for free milk:

Number of Students Approved for Free Milk	<input type="text" value="0"/>
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Enter number of school days the program operated:

Number of Days of Operation
<input type="text" value="0"/>

Enter the number of milks served to free eligible children:

Free Milk Served
<input type="text" value="0"/>

Enter the number of paid milks served to children who were not free eligible:

Paid Milk Served
<input type="text" value="0"/>

3) Submit for processing

When all numbers are entered for all the meal programs, click **Save**:

- Redisplay** Checks the page for errors w/o saving any data.
- Save** Saves the Claim.
- < Back** Back to Claim Month Summary.

Then click **Finish**:

The Claim has been saved.

- < Edit Claim** Back to Claim Form.
- Finish** Back to Claim Month Summary.

Finally (to complete the claim and submit for reimbursement), click **Submit for Processing**:

- < Back** Back to Claim Months.
- Delete** Delete all of the claims for the month.
- Submit for Processing** Submits claim for payment.

The claim status will change to 'Ok to Pay' on the Claim Entry Screen:

Status

Ok to Pay

Additional Claims Processes

1) Revising a claim

Claim Status

Until the Claim Status is 'Processed' (), you can change a claim.

To modify a claim, click **Modify** on the Claim Entry screen and re-enter, re-save and re-submit (following instructions above).

Options

Add Claim
[View](#) | **Modify** | [Delete](#) | [Admin](#)

If you need to change a claim after it has been processed, click **Add Revision** on the Claim Entry screen. Then click 'Add Claim':

Options

Add Claim

The claim will have the prior information you submitted, allowing you to adjust your numbers and re-submit:

Meals: Breakfast - Lunch - Snack									
Program	Eligibility Information				Meal Information				
	Total Enrollment	ADA	Approved Free	Approved Redc.	Number of Days of Operation	Free Meals Served	Reduced Meals Served	Paid Student, Full Price	Adult Meals Served
1. Lunch	<input type="text" value="91"/>	<input type="text" value="86"/>	<input type="text" value="30"/>	<input type="text" value="14"/>	<input type="text" value="19"/>	<input type="text" value="514"/>	<input type="text" value="212"/>	<input type="text" value="426"/>	<input type="text" value="58"/>
2. Breakfast	<input type="text" value="91"/>	<input type="text" value="86"/>	<input type="text" value="30"/>	<input type="text" value="14"/>	<input type="text" value="19"/>	<input type="text" value="386"/>	<input type="text" value="116"/>	<input type="text" value="304"/>	<input type="text" value="9"/>
3. Snack	<input type="text" value="91"/>	<input type="text" value="86"/>	<input type="text" value="30"/>	<input type="text" value="14"/>	<input type="text" value="16"/>	<input type="text" value="135"/>	<input type="text" value="26"/>	<input type="text" value="118"/>	<input type="text" value="12"/>

The Claim Entry screen will now show a revision number:

Revision #

2) Summary information

To see summary information for a claim, click [Summary](#) on the Claim Entry screen:

Options

[Details](#) | [Summary](#)

The Claim Summary screen lists shows rates and reimbursement totals for the claim:

Claim Month: **September 2009** Revision: **0**

Lunch - Regular	Meals	Rate	Reimbursement
Free	670	2.6800	\$1,795.60
Reduced	191	2.2800	\$435.48
Paid	477	0.2500	\$119.25
Total	1338	n/a	\$2,350.33

Breakfast - Severe Need	Meals	Rate	Reimbursement
Free	498	1.7400	\$866.52
Reduced	107	1.4400	\$154.08
Paid	389	0.2600	\$101.14
Additional Reimbursement for Reduced	107	0.3000	\$32.10
Total	994	n/a	\$1,153.84

After School Snack - Regular	Meals	Rate	Reimbursement
Free	58	0.7400	\$42.92
Reduced	13	0.3700	\$4.81
Paid	72	0.0600	\$4.32
Total	143	n/a	\$52.05

Claim Total			\$3,556.22
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Claim Reimbursement Totals		
Description	Previous Reimbursement	Reimbursement Total
Claim Total	\$0.00	\$3,556.22

3) Claim Rates

In addition to the claim rates shown in the summary for a particular claim (above), all claim rates are listed on the Claim Rates screen. Click [Claim Rates](#) on the Claims screen:

Claims

LEA Number	SFA Name
T037	Burlington School District

Item	Description
Claim Entry	NSLP SL Claim Entry
Claim Rates	NSLP Claim Rates - view current claim rates

Federal Reimbursement Rates 7/1/2010 - 6/30/2011

Description	High Lunch	Low Lunch	Severe Need Breakfast	Regular Breakfast	Special Milk	Area Eligible Snack	Regular Snack
Paid	0.2800	0.2600	0.2600	0.2600	0.1775	-	0.0600
Reduced	2.3400	2.3200	1.4600	1.1800	-	-	0.3700
Free	2.7400	2.7200	1.7600	1.4800	-	0.7400	0.7400

Additional Reimbursement for Reduced-Price Breakfast 0.3000

4) Correcting system errors

If the claim has errors, it will not be submitted for processing, and the Claim Status will show 'Errors':

Claim Status

Errors

To fix the error, click [Modify](#) on the claim entry screen:

Options
Add Claim
View Modify Delete Admin

One common error is **missing information**. For instance:

If Lunch meals are claimed then 'Number of days of Operation' must be greater than zero.

To correct this, put a number greater than zero in Number of Days of Operation:

Number of Days of Operation

Another type of error results from **math validity checks** on the numbers. For instance:

12206 'Free Meals Served' cannot exceed ('Number of days of Operation' * 'Approved Free') for Lunch

In this case, 1 x 1 is less than 27. To fix, re-enter the correct numbers:

Approved Free	Approved Redc.	Number of Days of Operation	Free Meals Served
<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="27"/>

A third type of error is a **date error** (see above latest submission deadlines) – to fix this type of error, call Child Nutrition Programs at 828-2447. Examples:

Code	Description	Type
12005	Revised claims submitted by must be received within 60 days from the last day of the claim month unless the revision is a downward adjustment.	Inactive

Code	Description
12008	Original claims cannot be accepted if received more than 60 days from the last day of the claim month.

A fourth type of error is a sequence error. In the example below, a user tried to submit a claim before the application package was approved. This type of error also requires a call to Child Nutrition Programs 828-2447:

The Claim you tried to submit caused a critical error and could **not be saved!**
The following message describes the error.

Code	Description	Type
56010	Package must be approved before filing claim	Fatal