

**Missouri Department of Health & Senior
Services Summer Food Service Program
Online Claiming Instructions**

This instruction guide is intended to serve as a quick start guide and not a comprehensive explanation of the operation of CNPWeb. A copy of these instructions can be found on the SFSP website:

<http://www.health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/index.php> .

Please Note: for SFSP, the Program Fiscal Year goes from October 1st to September 30th. Please make sure you complete the claims in the appropriate fiscal year.

Claim Deadlines

Sponsors must submit a claim within 60 days of the last day of the claim month. When necessary, revisions must also be completed within 60 days of the last day of the claim month.

| Month | Original Claims & Revisions |
|-----------|-----------------------------|
| October | December 30 |
| November | January 29 |
| December | March 1 (Leap Year-Feb. 29) |
| January | April 1 (Leap Year-Mar. 31) |
| February | April 29 |
| March | May 30 |
| April | June 29 |
| May | July 30 |
| June | August 29 |
| July | September 29 |
| August | October 30 |
| September | November 29 |

Basic Claiming Procedures

- 1) Access the system by typing the URL (<https://mo.cnpus.com/cnp/Login>) into the address line of your web browser.
- 2) Enter your assigned user ID.
- 3) Enter your password.
- 4) Select Login.

Welcome to 



**Missouri Department
of Health
& Senior Services**

Community Food and
Nutrition Assistance

Sign In

Enter User ID:

Enter Password:

[Forgot User ID?](#)
Contact DHSS at (800)-733-6251
[Forgot Password?](#)

Please be advised that your User ID and Password **must NOT be shared with anyone**, as stated on the Network User Access Request form you completed and signed. The Network User Access Request form is available on the CACFP and SFSP webpages. Please note the importance of protecting your User ID and Password, as you are responsible for any and all claims submitted under your User ID. You must notify DHSS-CFNA immediately if there are staff changes in order to remove access and grant new access for the new user.

CACFP
CACFP@health.mo.gov
(800)-733-6251

SFSP
SFSP@health.mo.gov
(888)-435-1464

Logging Into the System

First Time Logging In?

If this is your first time logging in to CNPWeb, the system will automatically require you to change your password.

Forgot Your User ID?

If you have forgotten your CNPWeb user ID, contact DHSS-SFSP at (888) 435-1464).

Forgot Your Password?

If you have forgotten your CNPWeb password, click the Forgot Password? link located on the login page. You will be asked to submit your user ID, and a temporary password will be sent to the email address associated with your CNPWeb account.

Program Selection

After a successful login, you will see the Program Code. Select the SFSP Program Code to proceed.

Note: If you participate in the Child and Adult Care Food Program (CACFP), you will access either the SFSP or CACFP systems by choosing the appropriate Program Code.

Program Selection

| Program Code | Program Description |
|-----------------------|-----------------------------------|
| CACFP | Child and Adult Care Food Program |
| SFSP | Summer Food Service Program |

[Sign Out](#)

Notification Page

Once you click on the appropriate Program Code, you will be directed to the notification page. This is where important SFSP information will be posted. This page will include links to instructions, forms, program news and updates. After carefully reading this page, click **Next Page**.

[Next Page >>](#)

Welcome to the Summer Food Summer Service Program CNPWeb!

Program Year Selection

Choose the appropriate program year.

Please note: for SFSP the Program year goes from October 1 to September 30. Please make sure you complete the claims in the appropriate fiscal year.

Program Year Selection

| Program Year | Program Begin Date | Program End Date |
|--------------|--------------------|--------------------|
| 2024 | October 1, 2023 | September 30, 2024 |
| 2023 | October 1, 2022 | September 30, 2023 |
| 2022 | October 1, 2021 | September 30, 2022 |
| 2021 | October 1, 2020 | September 30, 2021 |
| 2020 | October 1, 2019 | September 30, 2020 |
| 2019 | October 1, 2018 | September 30, 2019 |
| 2018 | October 1, 2017 | September 30, 2018 |
| 2017 | October 1, 2016 | September 30, 2017 |
| 2016 | October 1, 2015 | September 30, 2016 |

Sponsor Summary

After selecting the year, you will see the Sponsor Summary page.





Click on the **Claims** tab to see the months available for claiming. You will be able to enter a claim beginning on the last operating day of the month for your program.

Sponsor Summary BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|------------------|------------|--------|--------------|-------------|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |

Sponsor Claim

Sponsor Summary BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|---|--|------------|--------|--------------|---|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
|  May 2024 | Claim should be entered between 8/6/2023 and 7/30/2024 | | | | +  |
|  June 2024 | Claim should be entered between 8/6/2023 and 8/29/2024 | | | | +  |

You may enter the claim as soon as the day after the program's last operating day of the month.

To enter the claim click on the file folder next to the claim month you are wanting to enter. Clicking on the folder will open the site/s that a site level claim can be entered.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|--|------------|--------|--------------|-------------|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| ▶ May 2024 | Claim should be entered between 8/6/2023 and 7/30/2024 | | | | + ↕ |
| 3741-1 | BB Test | | | \$0.00 | + ↕ |

On the same line the site is listed, go all the way to the right and click on the “+” under Action. This will open up the site claim, and you will be able to enter the claim information for that specific site.

SFSP - Summer Food Service Program Missouri Department of Health and Senior Services

Site Claim 3741 BBB Test
November 2023

BB Test Pending Submission

3741-1 New Claim

Original Claim

| Claim Detail | Month | ADA | Operating Days |
|-------------------------|---------------|-----|--------------------------------|
| 1. Claim Month Selected | November 2023 | 0 | <input type="text" value="0"/> |

| Meals Served | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <i>Administrative Rate (High)</i> | | | | | |
| 2. First Meals | <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. Second Meals | <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"/> |
| 4. Total Meals | 0 | 0 | 0 | 0 | 0 |
| 5. Total ADA | 0 | 0 | 0 | 0 | 0 |

#1 – Enter the number of operate days that site operated for the month.

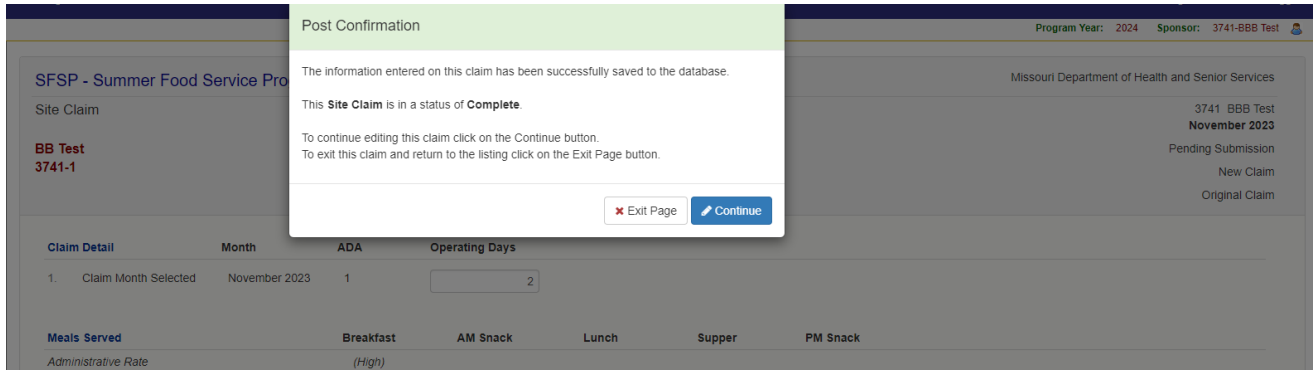
#2 – Enter the number of first meals that were served at the site for the month.

#3 – Enter the total number of second meals that were served at the site for the month.

Once completed, scroll to the bottom and hit save.

You should receive a “Post Confirmation” notice to show that the status of the site claim is Complete, you will hit Exit Page.

If you have more than one site, continue these steps until all the site claims are entered and in Complete status.



Please note, if your site operates as a Rural Non-Congregate site, you will also be required to enter the number of meals served non-congregate. If your site provides only rural non-congregate meals, the system will populate all meals into the Non-Congregate Operation box on the claim. If your site does both congregate and non-congregate meals, you will need to enter the total number of meals that were served non-congregate. For example, this would be needed if a site might serve breakfast congregate and lunch non-congregate.

Meals served to children ages 18 and under only. No adult meals may be claimed for SFSP reimbursement.

| Eligible Meals Served | Breakfast | AM Snack | Lunch | Suppers | PM Snack |
|-----------------------|--------------------------------|--------------------------------|------------------------------------|--------------------------------|--------------------------------|
| Administrative Rate | | | (High) | | |
| 3. First Meals | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="2,419"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 4. Second Meals | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="5"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 5. Total Meals | 0 | 0 | 2,424 | 0 | 0 |

In this section, report information related to any meal served under the provisions of non-congregate. This section is for data gathering only and will not result in any reimbursement. Meals reported in this section must be include in meal counts identified above to be reimbursed.

| Non-congregate Operation | Breakfast | AM Snack | Lunch | Suppers | PM Snack |
|---|----------------------|----------------------|------------------------------------|----------------------|----------------------|
| 6. Meals Taken Off-site | <input type="text"/> | <input type="text"/> | <input type="text" value="2,424"/> | <input type="text"/> | <input type="text"/> |
| 7. Enter specific Dates the meals/snacks were taken off-site: | <input type="text"/> | | | | |

Once all site claims are in complete status and you have exited the Post Confirmation page, the system will take you back to the Sponsor Summary page.

Ensure that you are on the Claims Tab.

In the Claims Tab, find the month Sponsor Claim you want to enter.

All the way to the right of the page, under Action, click on the pencil on the same line as the claim month you are entering.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|---|------------|--------------------|---------------|--------------------|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Claim should be entered between 11/1/2023 and 1/2/2024 | | | | + - |
| November 2023 | Sponsor Claim | 0 | Pending Submission | \$0.00 | \$ [edit] [delete] |
| 3741-1 | BB Test | 0 | Complete | \$5.65 | \$ [edit] [delete] |
| December 2023 | Claim should be entered between 1/1/2024 and 2/29/2024 | | | | |
| May 2024 | Claim should be entered between 6/1/2024 and 7/30/2024 | | | | |
| June 2024 | Claim should be entered between 7/1/2024 and 8/29/2024 | | | | |
| July 2024 | Claim should be entered between 8/1/2024 and 9/30/2024 | | | | |
| August 2024 | Claim should be entered between 8/6/2024 and 10/30/2024 | | | | |
| YTD Claim Totals | | | | \$0.00 | |

Once the claim opens, review the sponsor claim.

| Claim Detail | Month | AUP | Number of Sites | Operating Days |
|---|---------------|-----|-----------------|----------------|
| 1. Claim Month Selected | November 2023 | 1 | 1 | 2 |
| 2. <input type="checkbox"/> Combine October with this Claim | October 2023 | | 0 | 0 |

| Meals Served to Children <small>(Self-Prep or Rural-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|--|-----------|----------|-------|--------|----------|
| 4. First Meals | 2 | 0 | 0 | 0 | 0 |
| 5. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 6. Total Meals | 2 | 0 | 0 | 0 | 0 |

| Meals Served to Children <small>(Urban-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|---|-----------|----------|-------|--------|----------|
| 7. First Meals | 0 | 0 | 0 | 0 | 0 |
| 8. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 9. Total Meals | 0 | 0 | 0 | 0 | 0 |

10. I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this 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 this is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

If the claim looks correct, scroll to the bottom of the page and read the certification statements.

If you agree, checkmark #10 and hit Save at the bottom of the page to put your claim in Pending Approval status.

10. I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this 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 this is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Once your claim is in Pending Approval status then it has fully been submitted to the

state for processing.

Errors on the claim

If you receive a message stating there are claim errors, click the Continue button.

The screenshot shows a web application interface for managing site claims. A modal dialog box titled "Post Confirmation" is displayed in the center, indicating that the claim information has been saved but contains errors. The background form, titled "SFSP - Summer Food Service Program Site Claim", shows the following details:

| Claim Detail | Month | ADA | Operating Days |
|-------------------------|---------------|-----|----------------|
| 1. Claim Month Selected | December 2023 | 60 | 25 |

| Meals Served | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|----------------------------|-----------|----------|-------|--------|----------|
| Administrative Rate (High) | | | | | |
| 2. First Meals | 1500 | 0 | 0 | 0 | 0 |
| 3. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 4. Total Meals | 0 | 0 | 0 | 0 | 0 |
| 5. Total ADA | 0 | 0 | 0 | 0 | 0 |

At the bottom of the form, there are fields for "Created By:", "Date Created:", "Modified By:", and "Date Modified:". Buttons for "Save" and "Exit" are visible at the bottom left of the form.

Once you click the Continue button, the system will explain the errors.

In the example below, the system is showing two errors.

The first error is the error that the sponsor has claimed more days than what is approved for that month in the site information sheet.

****Please note:** The total of Operating Days and the meals that are totaled in your site claims and placed in fields 1,2 and 3 on the site claim sheet will be automatically verified against the Site Information Sheet to make sure each site is approved for that particular meal. The system will not let you claim more days or more than capacity (CAP) x Operating Days for approved meals.

To correct this error, you must recount the number of operating days you operated. If the claim is correct, then your Site Information Sheet may have the incorrect number of operating days for that month.

Check the Site Information Sheet and if the number of days in the month are incorrect, update the number of operating days and put the Site Information Sheet in Pending Approval.

The second error is for the number of First Meals served during the month at that site. Recount the number of first meals served for the month. Add all the days together for the total. If your total is above the approved site capacity (CAP) listed on the Site Information Sheet, you will need to revise your Site Information Sheet. Increase your CAP and put an explanation in the comments field of why you are needing to increase your CAP.

Once you have updated both of these errors, then you will need to put the Site Information Sheet into Pending Approval status. The state checks these updates periodically, but you can email or call the state to request approval of the update.

*If you have a site that did not operate during a claim month and it is still listed on your claim, you will need to update the site information sheet and update the begin and end date, if needed and then also remove the number of days operated during the claim month.

Once the Site Information Sheet/s updates have been approved, you must return to the site claim and resubmit the site claim to remove the errors. You will need to edit each site claim with errors. Review the claim, and once correct, hit the Save button to place the site claim in Complete status. You can then continue with getting your claim in Pending Approval status. Please see the Sponsor Claim instructions above.

The screenshot shows a web form for 'SFSP - Summer Food Service Program' with the following details:

- Site Claim:** BB Test 3741-1
- Month:** December 2023
- Operating Days:** 25 (highlighted in red)
- Meals Served:**
 - Administrative Rate (High): 1,500 (highlighted in red)
 - First Meals: 0
 - Second Meals: 0
 - Total Meals: 1,500
 - Total ADA: 60

Errors are listed as follows:

- Operating Days claimed cannot exceed the maximum number of days on the approved site application for the claim month. Max = 15
- Total Breakfast meal count cannot exceed total operating days * CAP. Max = 1250

Combining Months on the Claim

You can combine claims if you operate 10 days or less in a month that you want to combine with.

For example if you operated 3 days in May and 20 days in June and 10 days in July. You can submit your June claim and combine May and July with your June claim.

*When combining a month with another month. Please make sure you are done operating in that month. For example if you are submitting a June claim and you want to combine July with June. You can combine up to 10 days. If you operated 10 days in July, you can combine the July claim with June. Note: If changes happen and you begin operations again at that site and operate another 3 days in July. Since you combined July with June and July's number of operating days is now over 10 days, you will not be able to claim those days.

Steps to combine your claims:

In the example below, we are going to combine December with November, as your program has ended in December. On the Claims Page, you will go to November 2023 and go all the way to the right under Action and click on the "+" sign.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|---|------------|----------|--------------|-------------|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | |
| November 2023 | Claim should be entered between 12/1/2023 and 1/29/2024 | | | | |
| December 2023 | Claim should be entered between 1/1/2024 and 2/29/2024 | | | | |
| May 2024 | Claim should be entered between 6/1/2024 and 7/30/2024 | | | | |

On the next screen, you can see that you can combine December with November.

SFSP - Summer Food Service Program Missouri Department of Health and Senior Services

Sponsor Claim **November 2023**

BBB Test (3741) Pending Submission

New Claim
Original Claim

| Claim Detail | Month | ADP | Number of Sites | Operating Days |
|---|---------------|-----|-----------------|----------------|
| 1. Claim Month Selected | November 2023 | 0 | 0 | 0 |
| 3. <input type="checkbox"/> Combine December with this Claim | December 2023 | | 0 | 0 |

| Meals Served to Children <small>(Self-Prep or Rural-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|--|-----------|----------|-------|--------|----------|
| 4. First Meals | 0 | 0 | 0 | 0 | 0 |
| 5. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 6. Total Meals | 0 | 0 | 0 | 0 | 0 |

| Meals Served to Children <small>(Urban-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|---|-----------|----------|-------|--------|----------|
| 7. First Meals | 0 | 0 | 0 | 0 | 0 |
| 8. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 9. Total Meals | 0 | 0 | 0 | 0 | 0 |

To combine, check mark #3. Once check marked, scroll to the bottom of the page and hit Save.

Sponsor Claim

November 2023

BBB Test (3741)

Pending Submission

New Claim

Original Claim

| Claim Detail | Month | ADP | Number of Sites | Operating Days |
|---|---------------|-----|-----------------|----------------|
| 1. Claim Month Selected | November 2023 | 0 | 0 | 0 |
| 3. <input checked="" type="checkbox"/> Combine December with this Claim | December 2023 | | 0 | 0 |

| Meals Served to Children (Self-Prep or Rural-Vended Meals) | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|---|-----------|----------|-------|--------|----------|
| 4. First Meals | 0 | 0 | 0 | 0 | 0 |
| 5. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 6. Total Meals | 0 | 0 | 0 | 0 | 0 |

| Meals Served to Children (Urban-Vended Meals) | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|--|-----------|----------|-------|--------|----------|
| 7. First Meals | 0 | 0 | 0 | 0 | 0 |
| 8. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 9. Total Meals | 0 | 0 | 0 | 0 | 0 |

10. I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this 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 this is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Created By:

Date Created:

Modified By:

Date Modified:

Save Exit

You will receive an error, but that is fine. We will come back and fix the error once the site claim/s have been entered and are in Complete status. Click on Exit and this will take you back to you Sponsor Summary on the Claims Tab.

Once back on Sponsor Summary, you will click on the file folder next to November 2023.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|-----------------------------|---|-------------|----------|--------------|--------|
| Assigned Specialist: County | | Cole County | | | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | \$ |
| November 2023 | Sponsor Claim | 0 | Errors | \$0.00 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$56.50 | |

This will drop down your site/s. From here you will click on the “+” sign under Action on the corresponding line with the site claim you are completing.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|-----------------------------|---|-------------|----------|--------------|--------|
| Assigned Specialist: County | | Cole County | | | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | \$ |
| November 2023 | Sponsor Claim | 0 | Errors | \$0.00 | |
| 3741-1 | BB Test | | | \$0.00 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$56.50 | |

Then you will complete the site claim for the site. You will enter in how many days your operated in November and how many you operated in December. Then for First and Second meals you will combine the 2 months and enter the total in the perspective boxes. Once you have the numbers in then you will hit Save.

SFSP - Summer Food Service Program
Missouri Department of Health and Senior Services

Site Claim

3741 BBB Test
November 2023

Pending Submission

New Claim

Original Claim

BB Test
3741-1

| Claim Detail | Month | ADA | Operating Days |
|-------------------------|---------------|-----|--------------------------------|
| 1. Claim Month Selected | November 2023 | 0 | <input type="text" value="0"/> |
| Include Combined Month | December 2023 | | <input type="text" value="0"/> |

| Meals Served | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Administrative Rate (High) | | | | | |
| 2. First Meals | <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. Second Meals | <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"/> |
| 4. Total Meals | 0 | 0 | 0 | 0 | 0 |
| 5. Total ADA | 0 | 0 | 0 | 0 | 0 |

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

Save
 Exit

You will receive a Post Confirmation that states the claim is Complete. Hit Exit and this will take you back to the Sponsor Summary under your Claims Tab.

Post Confirmation

The information entered on this claim has been successfully saved to the database.

This **Site Claim** is in a status of **Complete**.

To continue editing this claim click on the Continue button.
To exit this claim and return to the listing click on the Exit Page button.

[✖ Exit Page](#) [✎ Continue](#)

SFSP - Summer Food Service Program
Site Claim
BB Test
3741-1

Program Year: 2024 Sponsor: 3741-BBB Test
Missouri Department of Health and Senior Services
3741 BBB Test
November 2023
Pending Submission
New Claim
Original Claim

| Claim Detail | Month | ADA | Operating Days |
|-------------------------|---------------|-----|----------------|
| 1. Claim Month Selected | November 2023 | 25 | 15 |
| Include Combined Month | December 2023 | | 5 |

| Meals Served | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|----------------------------|-----------|----------|-------|--------|----------|
| Administrative Rate (High) | | | | | |
| 2. First Meals | 500 | 0 | 0 | 0 | 0 |
| 3. Second Meals | 2 | 0 | 0 | 0 | 0 |
| 4. Total Meals | 0 | 0 | 0 | 0 | 0 |
| 5. Total ADA | 0 | 0 | 0 | 0 | 0 |

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

[Save](#) [Exit](#)

The next screen will look like this.

Sponsor Summary BBB Test (3741)

Assigned Specialist: County

| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
|-----------------------------|---|----------|----------|----------------|--------|
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | |
| November 2023 | Sponsor Claim | 0 | Errors | \$0.00 | |
| 3741-1 | BB Test | 0 | Complete | \$1,418.15 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$56.50 | |

Please continue this process with each site claim you have.

Once all the site/s are in Complete status, you will want to go to the line with Errors, your November 2023 Sponsor Claim. You will click on the Pencil.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|-----------------------------|---|-------------|----------|----------------|--------|
| Assigned Specialist: County | | Cole County | | | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | |
| November 2023 | Sponsor Claim | 0 | Errors | \$0.00 | |
| 3741-1 | BB Test | 0 | Complete | \$1,418.15 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$56.50 | |

You will certify and check mark #10.

SFSP - Summer Food Service Program
Missouri Department of Health and Senior Services

Sponsor Claim November 2023

BBB Test (3741) **Errors**

Revision 0
Original Claim

| Claim Detail | Month | ADP | Number of Sites | Operating Days |
|---|---------------|-----|-----------------|----------------|
| 1. Claim Month Selected | November 2023 | 25 | 1 | 15 |
| 3. <input type="checkbox"/> Combine December with this Claim | December 2023 | | 0 | 5 |

| Meals Served to Children <small>(Self-Prep or Rural-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|--|-----------|----------|-------|--------|----------|
| 4. First Meals | 500 | 0 | 0 | 0 | 0 |
| 5. Second Meals | 2 | 0 | 0 | 0 | 0 |
| 6. Total Meals | 502 | 0 | 0 | 0 | 0 |

| Meals Served to Children <small>(Urban-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|---|-----------|----------|-------|--------|----------|
| 7. First Meals | 0 | 0 | 0 | 0 | 0 |
| 8. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 9. Total Meals | 0 | 0 | 0 | 0 | 0 |

Please correct the following errors:

- All site claims must be entered. After entering claims for all sites eligible to claim this month re-submit this form to clear this error.
- Review information provided on the form for accuracy and completeness. If there are no other errors, check the Certification Statement and Submit the form.

10. I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

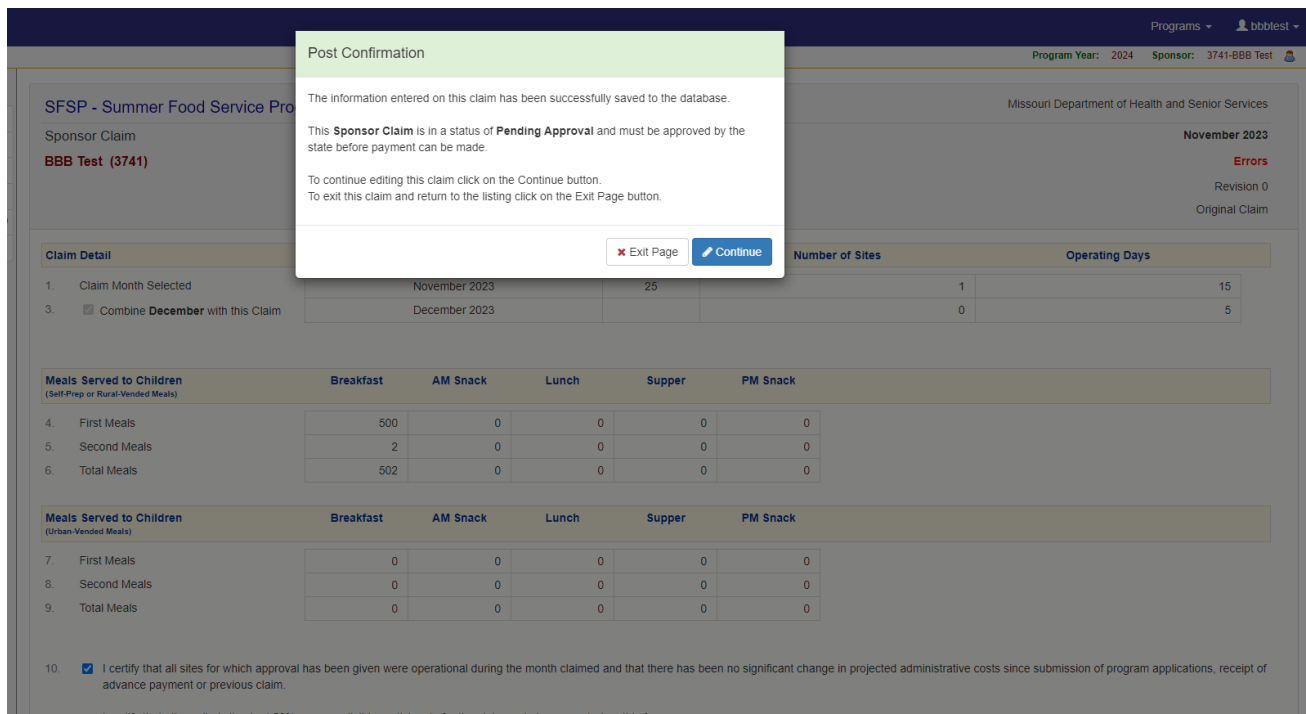
I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this form.

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 this is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Created By: bbbtest Date Created: 1/4/2024 1:24:16 PM Modified By: bbbtest Date Modified: 1/4/2024 1:26:56 PM

This will give you a message of the Sponsor Claim is in a status of Pending Approval.



Click Exit and the system will show that your November 2023 Claim is in Pending Approval status. The system will also show that your December 2023 Claim was combined with the November 2023 Claim.

Sponsor Summary BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|-----------------------------|---|----------|------------------|--------------|--------|
| Assigned Specialist: County | | | | Cole County | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | \$ |
| November 2023 | Sponsor Claim | 0 | Pending Approval | \$1,418.15 | \$ |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,474.65 | |

To see an overview of your sponsor claim, click on the “\$”. This page will show you how the claim is broken down and how it will be paid. It will show the following:

- First meals paid;
- Second meals allowed;
- The total meals served;
- The total meals allowed;
- The break down of the meals; and
- The meal x rate amount paid per meal.

Click on Exit to return to the Sponsor Summary.

SFSP - Summer Food Service Program

Missouri Department of Health and Senior Services

Sponsor Claim Reimbursement Summary

November 2023

BBB Test (3741)

Pending Approval

Submitted by: bbbtest center Date Submitted: 1/4/2024 1:45:18 PM

Revision 0
Original Claim

| Meals Served To | Breakfast | Lunch | Supper | AM Snack | PM Snack |
|-------------------------------|------------|----------|----------|----------|----------|
| Eligible Children (1st Meals) | 500 | 0 | 0 | 0 | 0 |
| Eligible Children (2nd Meals) | 2 | 0 | 0 | 0 | 0 |
| 2nd Meals Allowed | 2 | 0 | 0 | 0 | 0 |
| Total Meals Served | 502 | 0 | 0 | 0 | 0 |
| Total Meals Allowed | 502 | 0 | 0 | 0 | 0 |

| Operating Reimbursement | Breakfast | Lunch | Supper | AM Snack | PM Snack |
|-------------------------|-----------|--------|--------|----------|----------|
| Meals Allowed | 502 | 0 | 0 | 0 | 0 |
| Operating Rates | 2.5700 | 4.4800 | 4.4800 | 1.0400 | 1.0400 |
| Reimbursement Amount | 1,290.14 | 0.00 | 0.00 | 0.00 | 0.00 |

Total Operating Reimbursement for Meals 1,290.14

| Administrative Reimbursement - High | Breakfast | Lunch | Supper | AM Snack | PM Snack |
|-------------------------------------|-----------|--------|--------|----------|----------|
| Meals Allowed | 502 | 0 | 0 | 0 | 0 |
| Administrative Rates | 0.2550 | 0.4700 | 0.4700 | 0.1275 | 0.1275 |
| Reimbursement Amount | 128.01 | 0.00 | 0.00 | 0.00 | 0.00 |

Total High Administrative Reimbursement for Meals 128.01

| Administrative Reimbursement - Low | Breakfast | Lunch | Supper | AM Snack | PM Snack |
|------------------------------------|-----------|--------|--------|----------|----------|
| Meals Allowed | 0 | 0 | 0 | 0 | 0 |
| Administrative Rates | 0.2025 | 0.3900 | 0.3900 | 0.1000 | 0.1000 |
| Reimbursement Amount | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Total Low Administrative Reimbursement for Meals 0.00

| Reimbursement Summary | Amount |
|---|-----------------|
| Total Operating Reimbursement | 1,290.14 |
| Less Previous Operating Reimbursement Paid | 0.00 |
| Net Operating Earnings | 1,290.14 |
| Total Administrative Reimbursement | 128.01 |
| Less Previous Administrative Reimbursement Paid | 0.00 |
| Net Administrative Earnings | 128.01 |
| Total Claim Reimbursement Amount | 1,418.15 |
| Less Previous Reimbursement Amount | 0.00 |
| Net Claim Reimbursement Amount | 1,418.15 |

✖ Exit

Some Helpful Information regarding claims and payments.

When the Sponsor Claim has been successfully submitted, it will be in **Pending Approval** status. Once in Pending Approval status, you will not be able to revise the claim. You must contact the SFSP central staff for assistance.

Sponsor Summary BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|--|---|----------|------------------|-------------------|--------|
| Assigned Specialist: County | | | | Cole County | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| <input type="checkbox"/> October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | \$ |
| <input type="checkbox"/> November 2023 | Sponsor Claim | 0 | Pending Approval | \$1,418.15 | \$ |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,474.65 | |

Sponsor Summary BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|--|---|----------|------------------|-------------------|--------|
| Assigned Specialist: County | | | | Cole County | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| <input type="checkbox"/> October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | \$ |
| <input type="checkbox"/> November 2023 | Sponsor Claim | 0 | Needs Correction | \$1,418.15 | \$ |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,474.65 | |

The sponsor will be able to click on the pencil on any line with Needs Correction status and see the reason the claim was returned. This is located in the pink section on your claim. Once you see the reason, you can exit out of this and go to your site level claim/s and make your corrections.

SFSP - Summer Food Service Program Missouri Department of Health and Senior Services

Sponsor Claim November 2023

BBB Test (3741) Needs Correction

Revision 0

Original Claim

Submitted by: bbbtest center Date Submitted: 1/4/2024 1:45:18 PM

The following corrections are needed:

Returned per sponsors request. tas

| Claim Detail | Month | ADP | Number of Sites | Operating Days |
|--|---------------|-----|-----------------|----------------|
| 1. Claim Month Selected | November 2023 | 25 | 1 | 15 |
| 3. <input checked="" type="checkbox"/> Combine December with this Claim | December 2023 | | 0 | 5 |

| Meals Served to Children (Self-Prep or Rural-Vended Meals) | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|---|-----------|----------|-------|--------|----------|
| 4. First Meals | 500 | 0 | 0 | 0 | 0 |
| 5. Second Meals | 2 | 0 | 0 | 0 | 0 |
| 6. Total Meals | 502 | 0 | 0 | 0 | 0 |

| Meals Served to Children (Urban-Vended Meals) | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|--|-----------|----------|-------|--------|----------|
| 7. First Meals | 0 | 0 | 0 | 0 | 0 |
| 8. Second Meals | 0 | 0 | 0 | 0 | 0 |

To put your sponsor claim back into Pending Approval status after you correct a site claim, you will need to go to the line that states "Needs Corrections" and click on the pencil. When that page opens, go to the bottom and hit Save. This will put your sponsor

claim back into Pending Approval status.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|---|------------|------------------|--------------|-------------|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | |
| November 2023 | Sponsor Claim | 0 | Needs Correction | \$1,418.15 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,474.65 | |

After the claim has been reviewed and approved, the status will indicate **Approved**.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|---|------------|----------|--------------|-------------|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Approved | \$56.50 | |
| November 2023 | Sponsor Claim | 0 | Approved | \$1,418.15 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,474.65 | |

General Claiming Notes

To **save your claim progress without actually submitting it to the state**, simply click on Save at the bottom of the online claim form.

A claim **has not** been properly submitted to the state for approval until the claim has achieved the **Pending Approval** status.

The claim must also be consistent with the Site Information Sheet regarding the capacity and Urban/Rural and Self-Prep/Vended categories. Discrepancies with information entered in the Site Information Sheet will result in an error.

It is the sponsors responsibility to make sure all information is up to date at all times.

Payment Status

Once the state approves and closes out the claim Batch, then your claim will be in the Paid status.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|---|------------|--------|--------------|-------------|
| Assigned Specialist: County | | | | | Cole County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Paid | \$56.50 | \$ ☉ + |
| November 2023 | Sponsor Claim | 0 | Paid | \$1,418.15 | \$ ☉ + |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,474.65 | |

In the Sponsor Summary, view the payment status by selecting the Payments tab.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|--------------|------------|----------------|----------------|---------------|
| Assigned Specialist: County | | | | | Cole County |
| Open Balance Transactions | | | Operations | Administrative | Total Payable |
| Total Open Transactions | | | 0.00 | 0.00 | 0.00 |
| Batch Number | Process Date | Operations | Administrative | Total Payment | |
| > 6852 | 1/8/2024 | 1,341.54 | 133.11 | 1,474.65 | |
| Total Payments | | 1,341.54 | 133.11 | 1,474.65 | |

Under the Payments tab of the Sponsor Summary, the Batch in which the claim was processed is listed under “Batch Number”. The “Process Date” indicates when the SFSP processed the payment. Typically, the payment will be paid within 3 to 7 business days from this “Process Date”.

****Please note, per regulations, the state has 45 days to process and approve a claim.**

Clicking on the box with the ‘>’ symbol in the Batch Number column will display the details of the claim. For example, in this case, the sponsor submitted claims for October November, it will display any claims that was approved in this Batch.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|--------------|------------|----------------|----------------|---------------|
| Assigned Specialist: County | | | | | Cole County |
| Open Balance Transactions | | | Operations | Administrative | Total Payable |
| Total Open Transactions | | | 0.00 | 0.00 | 0.00 |
| Batch Number | Process Date | Operations | Administrative | Total Payment | |
| ▼ 6852 | 1/8/2024 | 1,341.54 | 133.11 | 1,474.65 | |
| October 2023 Claim | | 51.40 | 5.10 | 56.50 | |
| November 2023 Claim | | 1,290.14 | 128.01 | 1,418.15 | |
| Total Payments | | 1,341.54 | 133.11 | 1,474.65 | |

Claim Revisions

Claim revisions can be made up to 60 days after the last day of the claim month. Please see the chart on Page 1 of these instructions.

On occasion, a sponsor may find it necessary to revise a claim.

Once the claim is in “Paid” status the sponsor can revise the claim. To do this go to the Claims Tab and click on the folder next to the month you are wanting to revise. Then you can go to the site claim you are wanting to revise and click on the “+” sign under the Action column.

Sponsor Summary BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|-----------------------------|---|----------|----------|-------------------|--------|
| Assigned Specialist: County | | | | Cole County | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Paid | \$56.50 | |
| November 2023 | Sponsor Claim | 0 | Paid | \$1,418.15 | |
| 3741-1 | BB Test | 0 | Paid | \$1,418.15 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,474.65 | |

This will open the site claim and then you will make your revisions to what the claim should be and then hit “Save”.

SFSP - Summer Food Service Program Missouri Department of Health and Senior Services

Site Claim 3741 BBB Test
November 2023

BB Test Pending Submission
3741-1 Revision 1
Revision

| Claim Detail | Month | ADA | Operating Days | | | |
|-------------------------|---------------|-----|---------------------------------|--|--|--|
| 1. Claim Month Selected | November 2023 | 25 | <input type="text" value="15"/> | | | |
| Include Combined Month | December 2023 | | <input type="text" value="5"/> | | | |

| Meals Served | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|-----------------------------------|----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <i>Administrative Rate (High)</i> | | | | | |
| 2. First Meals | <input type="text" value="500"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 3. Second Meals | <input type="text" value="2"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| 4. Total Meals | 502 | 0 | 0 | 0 | 0 |
| 5. Total ADA | 25 | 0 | 0 | 0 | 0 |

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

Save Exit

It will come up at Complete and then you will need to go to your sponsor level claim, November 2023 and it will say “Pending Submission”. Click on the pencil under the Action column.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|-----------------------------|---|----------|--------------------|----------------|--------|
| Assigned Specialist: County | | | | Cole County | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Paid | \$56.50 | |
| November 2023 | Sponsor Claim | 1 | Pending Submission | \$0.00 | |
| 3741-1 | BB Test | 1 | Complete | \$1,443.58 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$56.50 | |

You will be able to see your changes as they will be highlighted. You will need to check mark #10 and then hit save and this will put your claim back in "Pending Approval" status.

SFSP - Summer Food Service Program Missouri Department of Health and Senior Services

Sponsor Claim **November 2023**

BBB Test (3741) Pending Submission

Revision 1
Revision

The following corrections are needed:
Returned per sponsors request, tas

| Claim Detail | Month | ADP | Number of Sites | Operating Days |
|---|---------------|-----|-----------------|----------------|
| 1. Claim Month Selected | November 2023 | 25 | 1 | 15 |
| 3. <input checked="" type="checkbox"/> Combine December with this Claim | December 2023 | | 0 | 5 |

| Meals Served to Children <small>(Self-Prep or Rural-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|--|-----------|----------|-------|--------|----------|
| 4. First Meals | 501 | 0 | 0 | 0 | 0 |
| 5. Second Meals | 10 | 0 | 0 | 0 | 0 |
| 6. Total Meals | 511 | 0 | 0 | 0 | 0 |

| Meals Served to Children <small>(Urban-Vended Meals)</small> | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|---|-----------|----------|-------|--------|----------|
| 7. First Meals | 0 | 0 | 0 | 0 | 0 |
| 8. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 9. Total Meals | 0 | 0 | 0 | 0 | 0 |

10. I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

Once back in "Pending Approval" status the state will process and approve for the next batch run.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | |
|-----------------------------|---|----------|------------------|-------------------|--------|
| Assigned Specialist: County | | | | Cole County | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| October 2023 | Sponsor Claim | 0 | Paid | \$56.50 | |
| November 2023 | Sponsor Claim | 1 | Pending Approval | \$1,443.58 | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | |
| YTD Claim Totals | | | | \$1,500.08 | |

After revising the claim, the revision number is indicated under the Revision Column. View the various claims and revised claims by clicking on the '>' next to the Claim Month.

Sponsor Summary

BBB Test (3741)

| Checklist | Applications | Claims | Payments | Users | | |
|-----------------------------|---|----------|------------------|-------------------|-------------|-----------|
| Assigned Specialist: County | | | | Cole County | | |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action | |
| Reimbursement Claims | | | | | | |
| October 2023 | Sponsor Claim | 0 | Paid | \$56.50 | \$ [edit] + | |
| November 2023 | Sponsor Claim | 1 | Pending Approval | \$1,443.58 | \$ [edit] | |
| December 2023 | The December 2023 Claim was combined with the November 2023 Claim | | | | \$1,418.15 | \$ [edit] |
| YTD Claim Totals | | | | \$1,500.08 | | |

*Note: Once the claim is in “Pending Approval” status the sponsor will not be able to revise the claim until the claim is in “Paid” status. If a sponsor wants to make a change to a claim, and the claim has not been processed and paid, the sponsor may call the state and the state can put the claim in “Needs Correction” status. The sponsor will then be able to correct the claim and return it to “Pending Approval” status.

Submitting a Late Claim – One-Time Exceptions

If a sponsor does not submit a claim within the 60 days, they may be permitted to request a One-Time Exception. You can submit a One-Time Exception (OTE) once every 36 months. The 36 months will begin from the month you are requesting the OTE.

You must contact the state to make sure you are eligible and to request a One-Time Exception form. This form will need to be completed and returned in a timely manner to the state for processing and review. You will also need to submit the late claim on line and make sure it says Pending Approval.

You will see that for example on line with July 2023, it states that the “Claim can only be submitted as a One-Time Exception after 60 days”. You will submit this claim as normal and make sure it is in Pending Approval status.

Sponsor Summary

BB Test (3740)

| Checklist | Applications | Activities | Claims | Payments | Users |
|-----------------------------|--|------------|------------------|-----------------|-------------------|
| Assigned Specialist: County | | | | | Bates County |
| Claim Month | Form / Site Name | Revision | Status | Claim Amount | Action |
| Reimbursement Claims | | | | | |
| February 2023 | Sponsor Claim | 0 | Pending Approval | \$38.88 | \$ [edit] [trash] |
| March 2023 | Sponsor Claim | 0 | Paid | \$38.88 | \$ [edit] + |
| April 2023 | Claim can only be submitted as a One-Time Exception after 60 days. | | | | + [edit] |
| May 2023 | Claim can only be submitted as a One-Time Exception after 60 days. | | | | + [edit] |
| June 2023 | Sponsor Claim | 0 | Paid | \$388.75 | \$ [edit] + |
| July 2023 | Claim can only be submitted as a One-Time Exception after 60 days. | | | | + [edit] |
| YTD Claim Totals | | | | \$466.51 | |

When check marking #10 you will see a message at the bottom of the screen in red. If you have not contacted the state to see if you are eligible or not, you must do that now.

| Claim Detail | Month | ADP | Number of Sites | Operating Days |
|-------------------------|-----------|-----|-----------------|----------------|
| 1. Claim Month Selected | July 2023 | 55 | 2 | 5 |

| Meals Served to Children (Self-Prep or Rural-Vended Meals) | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|---|-----------|----------|-------|--------|----------|
| 4. First Meals | 75 | 0 | 75 | 0 | 0 |
| 5. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 6. Total Meals | 75 | 0 | 75 | 0 | 0 |

| Meals Served to Children (Urban-Vended Meals) | Breakfast | AM Snack | Lunch | Supper | PM Snack |
|--|-----------|----------|-------|--------|----------|
| 7. First Meals | 0 | 0 | 0 | 0 | 0 |
| 8. Second Meals | 0 | 0 | 0 | 0 | 0 |
| 9. Total Meals | 0 | 0 | 0 | 0 | 0 |

10. I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program applications, receipt of advance payment or previous claim.

I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this 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 this is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal Award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

This claim is past the 60-day grace period for entering new claims and will be submitted as a One-Time Exception. Only (1) One-Time Exception claim can be submitted within a 36 month time frame and must be approved by the State.

Tips for Navigating the Web-Based System

1. Do not use your Internet Explorer's Back button. Use the menu (in the blue section) on the top left of the screen, or use the "breadcrumb trail," (under the blue bar) to navigate from screen to screen.
2. Each time you submit the info sheet or claim, no matter if it has errors, it is saved on the server and will be there if you need to leave or logoff and come back.
3. Use the Tab key to navigate from field to field or use your mouse to point and click into the field you want to complete. Try not to use your Enter key. If you do, the info sheet or claim will submit (in an error status).
4. If you are in View mode, changes won't be saved. If you want to make changes, make sure you are in Edit or Revise mode.
5. Claim revisions are filed after the original (or previous revision) is in *Paid* status.

User Notes

1. Click the Users tab to view individuals who have access to submit application and claim information for your organization.
2. Inform the Bureau of Community Food and Nutrition Assistance immediately if an individual with access to the SFSP web-based system is leaving your organization so that access may be revoked.
3. Submit a Network User Access Request form to request online access for new employees.
4. **User IDs and passwords are assigned to individuals only, and may not be shared.**