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 Cl	aims & 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 (<u>https://mo.cnpus.com/cnp/Login</u>) into the address line of your web browser.

- 2) Enter your assigned user ID.
- 3) Enter your password.
- 4) Select Login.



SOF THE SIA	Sign In
	Enter User Id:
	Enter Password:
Missouri Department	A
of Health	
& Senior Services	Forgot User ID?
	Contact DHSS at (800)-733-6251
Community Food and	Forgot Password?
Nutrition Assistance	Please be advised that your User ID and Password <u>must NOT be shared with anyone</u> , 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.
	CACEP
	CACFP@health.mo.gov
	(800)-733-6251
	9F9P
	SFSP@health.mo.gov
	(888)-435-1464
	Login

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

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**.



Sian Out

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 A	nount Action
Reimbursement Claims						
Sponsor Cla	im					BBB Test (3741)
Checklist	Applications	Activities	Claims		Payments	Users
Assigned Specialist: County						Cole County
Claim Month	Form / Site Name		Revision	Status	Claim A	nount Action
Reimbursement Claims						
May 2024	Claim should be entered between	n 8/6/2023 and 7/30/2024				+ 💶
June 2024	Claim should be entered between	n 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 Summar	y					BBB Test (3741)
Checkli	st	Applications	Activities	Claims	Payments	Users
Assigned Specialist	County					Cole County
Claim Month		Form / Site Name		Revision	Status Claim A	mount 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 S	Service Program	m					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	0				
Meals Served		Breakfast	AM Snack	Lunch	Supper	PM Snack	
Administrative Rate		(High)					
2 First Meals							
2. Thormould		0		0	0	0	
 Second Meals 		0	0	0	0	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 – Ener 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.

	Post Confirmation				Program Year: 2024 Sponsor: 3741-888 Test 🤱
SFSP - Summer Food Service Pro Site Claim	The information entered on this cl This Site Claim is in a status of C	aim has been succes	sfully saved to the c	latabase.	Missouri Department of Health and Senior Services 3741 BBB Test
BB Test 3741-1	To continue editing this claim click To exit this claim and return to the	on the Continue but listing click on the E	ton. kit Page button.		November 2023 Pending Submission New Claim
			× Exit Page	Continue	Original Claim
Claim Detail Month	ADA Operatir	ig Days			ł
1. Claim Month Selected November 2	023 1	2			
Meals Served	Breakfast AM	Snack	Lunch	Supper	PM Snack
Administrative Rate	(High)				

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.

Eligi	ibile Meals Served	Breakfast	AM Snack	Lunch	Suppers	PM Snack
Adm	inistrative Rate			(High)		
	First Meals	0	0	2,419	0	C
	Second Meals	0	0	5	0	C
	Total Meals	0	0	2,424	0	0
i th nly sim	nis section, report informati v and will not result in any r nbursed.	on related to any meal eimbursement. Meals r	served under the prov reported in this section	isions of non-congre must be include in I	egate. This section is neal counts identifie	for data gatherin d above to be
n th nly eim on	nis section, report informati r and will not result in any r ubursed. -congregate Operation	on related to any meal eimbursement. Meals r Breakfast	served under the prov reported in this section AM Snack	isions of non-congre must be include in i Lunch	gate. This section is neal counts identifie Suppers	for data gatherin nd above to be PM Snack
n th nly eim	nis section, report informati v and will not result in any r hbursed. -congregate Operation Meals Taken Off-site	on related to any meal eimbursement. Meals r Breakfast	served under the prov eported in this section AM Snack	isions of non-congre must be include in i Lunch	egate. This section is meal counts identifie Suppers	for data gatherin, d above to be PM Snack
n th nly eim	nis section, report informati and will not result in any r nbursed. -congregate Operation Meals Taken Off-site Enter specific Dates the m	on related to any meal eimbursement. Meals r Breakfast eals/snacks were taken	served under the prov reported in this section AM Snack	isions of non-congre must be include in r Lunch 2,424	egate. This section is neal counts identifie Suppers	for data gatherir kd above to be PM Snack
n th nly eim	nis section, report informati y and will not result in any r nbursed. -congregate Operation Meals Taken Off-site Enter specific Dates the m	on related to any meal eimbursement. Meals r Breakfast eals/snacks were taken	served under the prov reported in this section AM Snack	isions of non-congre must be include in r Lunch 2,424	egate. This section is meal counts identifie Suppers	for data gatherin d above to be PM Snack
on th nly eim	nis section, report informati y and will not result in any r nbursed. -congregate Operation Meals Taken Off-site Enter specific Dates the m	on related to any meal eimbursement. Meals r Breakfast eals/snacks were taken	served under the prov reported in this section AM Snack	isions of non-congre must be include in i Lunch	egate. This section is meal counts identifie Suppers	i for data gatherin, Id above to be PM Snack

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	User	s
Assigned Specialist:	County						Cole County
Claim Month		Form / Site Name	Revisio	1	Status	Claim Amount	Action
Reimbursement Claims							
October 2023		Claim should be entered betw	een 11/1/2023 and 1/2/2024				+ 🔼
November 2023		Sponsor Claim	0	Pend	ng Submission	\$0.00	5 🔹 🖍 💼
3741-1		BB Test	0		Complete	\$5.65	5 • 🖍 🛍
December 2023		Claim should be entered betw	een 1/1/2024 and 2/29/2024				
May 2024		Claim should be entered betw	een 6/1/2024 and 7/30/2024				
June 2024		Claim should be entered betw	een 7/1/2024 and 8/29/2024				
July 2024		Claim should be entered betw	een 8/1/2024 and 9/30/2024				
August 2024		Claim should be entered betw	een 8/6/2024 and 10/30/2024				
					YTD Claim Totals	\$0.00	

Once the claim opens, review the sponsor claim.

Ciai	m Detail		WONTN		ADP	Num	per or sites	Operating Days
1.	Claim Month Selected		November 2023		1		1	2
2.	Combine October with this Claim		October 2023				0	0
Mea (Self-	IS Served to Children Prep or Rural-Vended Meals)	Breakfast	AM Snack	Lunch	Supper	PM Snack		
4.	First Meals	2	0	0	C	0		
5.	Second Meals	0	0	0	0	0		
6.	Total Meals	2	0	0	0	0		
Mea (Urba	Is Served to Children n-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 I advance payment or previous claim. 	has been given were	operational during the	e month claimed ar	nd that there has b	en no significant char	nge in projected administrative	costs since submission of program applications, receipt of
	I certify that all enrolled sites had 50% o	r more eligible partici	pants for the claim pe	eriod represented o	n this form.			
	I certify that to the best of my knowledge be fully responsible for any excess amo	e and belief, this clain unts that may result fi	n is true and correct in rom erroneous or neg	n all respects, that plectful reporting he	records are availat rein.	le to support this claim	n, that this is in accordance wit	h the terms of existing agreement(s). I recognize that I will
	I certify to the best of my knowledge and Federal Award. I am aware that any fals (U.S. Code Title 18, Section 1001 and T	d belief that the report e, fictitious, or fraudu itle 31, Sections 3729	i is true, complete, an lent information, or th 9-3730 and 3801-3812	d accurate, and the omission of any 2).	e expenditures, dis material fact, may s	oursements and cash ubject me to criminal,	receipts are for the purposes a civil or administrative penalties	and objectives set forth in the terms and conditions of the s for fraud, false statements, false claims or otherwise.

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.



Once you 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.

								Programs 👻 👤 bbbte
		Post Confirmation					Program Year: 2024	Sponsor: 3741-BBB Test
FSP - Summer Food Se	ervice Pro	The information entered	on this claim has been su	iccessfully saved to the	e database.		Missouri Department	of Health and Senior Services
ite Claim		This Site Claim is in a st	tatus of Errors and must	be corrected before it is	s complete.			3741 BBB Tes
B Test 741-1	1	To continue editing this c To exit this claim and retu	claim click on the Continu- urn to the listing click on t	e button. he Exit Page button.				Pending Submission
								Original Claim
				× Exit Page	e 🕜 Continue			
Claim Detail	Month	ADA	Operating Days	× Exit Pag	e 🖉 Continue			
Claim Detail 1. Claim Month Selected	Month December 202	ADA 3 60	Operating Days	× Exit Pag	e Continue			
Claim Detail 1. Claim Month Selected Meals Served	Month December 202	ADA 3 60 Breakfast	Operating Days	¥ Exit Page	Continue	PM Snack		
Claim Detail 1. Claim Month Selected Meals Served Administrative Rate	Month December 202	ADA 3 60 Breakfast (High)	Operating Days	¥ Exit Page	Supper	PM Snack		
Claim Detail Claim Month Selected Administrative Rate Served Served	Month December 202	ADA 3 60 Breakfast (High) 1500	Operating Days 25 AM Snack 0	Lunch	Supper	PM Snack		
Claim Detail 1. Claim Month Selected Meals Served Administrative Rate 2. 2. First Meals 3. Second Meals	Month December 202	ADA 3 60 Breakfast (High) 1500 0	Operating Days 25 AM Snack 0 0	Lunch	Supper	PM Snack 0 0		
Claim Month Selected 1. Claim Month Selected Meals Administrative Rate 2. First Meals 3. Second Meals 4. Total Meals	Month December 202	ADA 3 60 Breakfast (High) 1500 0 0	Operating Days 25 AM Snack 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Lunch	Supper	PM Snack 0 0		
Detail 1. Claim Month Selected Administrative Rate 2. First Meals 3. Second Meals 4. Total Meals 5. Total ADA	Month December 202	ADA 3 60 Breakfast (High) 1500 0 0 0 0	Operating Days 25 AM Snack 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Lunch	Supper	PM Snack 0 0 0 0		

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.

Site Claim	SESD Summer Food	Sonvice Program							Missouri Department of Health and Senior Services
Top of Form	SFSF - Summer FOOU	Service Frogram							
Claim Detail	Site Claim								3741 BBB Test December 2023
Eligible Meals	BB Test								Errors
Bottom of Form	3741-1								Revision 0
× Exit Save									Original Claim
	Claim Detail	Month AD	A Ope	rating Days					
	Please correct the following • Operating Days claimed	errors: I cannot exceed the maximum	number of days or	the approved site app	plication for the claim r	month. Max = 15			
	1. Claim Month Selected	December 2023 60		25		_			
	Meals Served	Br	eakfast	AM Snack	Lunch	Supper	PM Snack		
	Administrative Rate Please correct the following	errors:	(High)						
	 Iotal Breakfast meal co 	unt cannot exceed total operat	ting days * CAP. Ma	ax = 1250					
	2. First Meals		1,500	0	0	0	0		
	 Second Meals 		0	0	0	0	0		
	4. Total Meals		1,500	0	0	0	0		
	5. Total ADA		60	0	0	0	0		
	Created By:	bbbtest		Date Cre	ated: 1/4/2024 9:03:44 AM	1		Modfled By:	Date Modified:
	Save X Exit								

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	U	sers
Assigned Specialist: County						Cole County
Claim Month	Form / Site Name		Revision	Status	Claim Amount	Action
Reimbursement Claims						
Cctober 2023	Sponsor Claim		0	Approved	\$56.50	\$ 🔿 🖍 💼
November 2023	Claim should be entered be	tween 12/1/2023 and 1/29/2024				+ 🔼
December 2023	Claim should be entered be	tween 1/1/2024 and 2/29/2024				+ 🔼
May 2024	Claim should be entered be	tween 6/1/2024 and 7/30/2024				

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

ponsor Claim							November
3BB Test (3741)							Pending Submis
							New C
							Original C
Claim Detail		Month		ADP	Number of	Sites	Operating Days
1. Claim Month Selected		November 2023		0		0	0
 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		
4. First Meals 5. Second Meals	0	0	0	0	0		
4. First Meals 5. Second Meals 6. Total Meals	0 0	0 0 0	0 0 0	0 0	0 0 0		
4. First Meals 5. Second Meals 6. Total Meals Meals Served to Children Urban-Vended Meals)	0 0 0 Breakfast	0 0 0 AM Snack	0 0 0	0 0 0 Supper	0 0 0 PM Snack		
First Meals Second Meals Total Meals Weals Served to Children Uthan-Vended Meals First Meals	0 0 0 Breakfast	0 0 0 AM Snack	0 0 0 Lunch	0 0 0 Supper 0	0 0 0 PM Snack		
First Meals Second Meals Total Meals Weals Served to Children Uthan-Vended Meals First Meals Second Meals	0 0 0 Breakfast 0 0	0 0 4M Snack	0 0 0 Lunch 0 0	0 0 5 5 9 9 0 0	0 0 0 PM Snack		

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

SF	SP - Summer Food Service Prog	ram						Missouri Department of Health	h and Senior Ser	vices
Spo	nsor Claim								November	2023
BBB	3 Test (3741)								Pending Submi	ssion
									New 0	Claim
									Original (Claim
Clai	n Detail		Month		ADR	Num	per of Sites	Operating Days		
Ciai			wonu		AUF	Num	Jer or Sites	Operating Days		
1.	Claim Month Selected		November 2023		0		0		0	
0.			December 2023				0		0	
Mea	Is Served to Children	Breakfast	AM Snack	Lunch	Supper	PM Snack				
(Sen-	rep or roral-vended means)		-			-				
4.	First Meals	0	0	0	0	0				
5.	Second Meals	0	0	0	0	0				
6.	Iotal Meals	0	0	0	0	0				
Mea	Is Served to Children	Breakfast	AM Snack	Lunch	Supper	PM Snack				
(Urba	n-Vended Meals)									
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 h	nas been given were	operational during the	e month claimed ar	nd that there has be	en no significant char	nge in projected administrative	costs since submission of program a	applications, rece	ipt of
	advance payment or previous claim.									
	I certify that all enrolled sites had 50% of	r more eligible partici	pants for the claim pe	eriod represented o	n this form.					
	I certify that to the best of my knowledge	and belief, this clain	n is true and correct in	n all respects, that	records are availabl	e to support this clain	n, that this is in accordance wit	th the terms of existing agreement(s).	I recognize that	I will
	be fully responsible for any excess amou	unts that may result fi	rom erroneous or neg	lectful reporting he	erein.					
	I certify to the best of my knowledge and Federal Award. I am aware that any false	I belief that the report e, fictitious, or fraudu	t is true, complete, an lent information, or th	d accurate, and th e omission of any	e expenditures, dist material fact, may s	oursements and cash ubject me to criminal,	receipts are for the purposes civil or administrative penaltie	and objectives set forth in the terms a es for fraud, false statements, false cla	and conditions of aims or otherwise	the e.
	(U.S. Code Title 18, Section 1001 and Ti	itle 31, Sections 3729	9-3730 and 3801-381	2).						
	Created By:		Date Created:			Modfied By:		Date Modified:		

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				
Checklist	Applications	Claims	Payments	Users
Assigned Specialist: County				Cole County
Claim Month	Form / Site Name	Revision	Status	Claim Amount Action
Reimbursement Claims				
Dctober 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 Ne	ovember 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.

			BBB Test ((3741)
Applications	Claims	Payments	Users	
			Cole Count	y
rm / Site Name	Revision	Status	Claim Amount Action	
onsor Claim	0	Approved	\$56.50 \$ 👁	
onsor Claim	0	Errors	\$0.00	
Test			\$0.00 +	
e December 2023 Claim was combined with the No	vember 2023 Claim			
		YTD Claim Totals	\$56.50	
	Applications m / Site Name onsor Claim onsor Claim Test December 2023 Claim was combined with the No	Applications Claims m/ Site Name Revision unsor Claim 0 unsor Claim 0 Test	Applications Claims Payments m/ 5 Ste Name Revision Status msor Claim 0 Approved insor Claim 0 Errors Test	Applications Claims Payments Users Color Count M / Stee Same Same Same Same Same Same Same Sa

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	1 Senior Services
Site Claim							3741 BBB Test November 2023
BB Test						Per	iding Submission
3741-1							New Claim
							Original Claim
Claim Detail Month	ADA	Operating Days					
1. Claim Month Selected November 2023	0	0					
Include Combined Month December 2023		0					
Meals Served	Breakfast	AM Snack	Lunch	Supper	PM Snack		
Administrative Rate	(High)						
2. First Meals	0	0	0	0	0		
3. Second Meals	0	0	0	0	0		
				0	0		
 Total Meals 	0	0	0	0			
 Total Meals Total ADA 	0	0	0	0	0		
4. Total Meals 5. Total ADA Created By:	0	0 0 Date Created:	0	0 Mo	0 dfied By:	Date Modified:	

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					Program Year: 2024 Sponsor: 3741-BBB Te
FSP - Summer Food Service Pr	The information entered c	on this claim has been su	iccessfully saved to th	e database.		Missouri Department of Health and Senior Servi
ite Claim	This Site Claim is in a sta	atus of Complete.				3741 888 3
	To continue editing this cl	aim click on the Continu	e button			November 2
B Test	To exit this claim and retu	im to the listing click on t	he Exit Page button.			Pending Submiss
41-1						New Cl
			× Exit Pag	e 🖋 Continue		Original Cl
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	V					
5. Total ADA		Date Created:		Mc	dfied By:	Date Modified

The next screen will look like this.

Sponsor Summary				BBB Test (3741)
Checklist	Applications	Claims	Payments	Users
Assigned Specialist: County				Cole County
Claim Month Fo	orm / Site Name	Revision	Status	Claim Amount Action
Reimbursement Claims				
Doctober 2023 Sp	ponsor Claim	0	Approved	\$56.50 \$
November 2023 Sp	ponsor Claim	0	Errors	\$0.00
3741-1 BE	B Test	0	Complete	\$1,418.15 💲 👁 🖍 🏛
December 2023 Th	he December 2023 Claim was combined with the No	vember 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				555	1001 (0141)
Checklist	Applications	Claims	Payments	Users	
Assigned Specialist: County				Cole	County
Claim Month	Form / Site Name	Revision	Status	Claim Amount Action	n
Reimbursement Claims					
Cctober 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 Ne	ovember 2023 Claim			
			YTD Claim Totals	\$56.50	

You will certify and check mark #10.

SFSP - Summer Food Service Prog	ram							Missouri Departme	nt of Health and Senior Servic
Sponsor Claim									November 20
BBB Test (3741)									Erro
									Revision
									Original Cla
Claim Detail		Month		ADP		Number of S	ites	Operati	ng Days
1. Claim Month Selected		November 2023		25			1		15
3. 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 Snac	ĸ			
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 Snac	ĸ			
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 Review information provided on the form for to. Contemporate of advance payment or previous claim.	g claims for all sites ell accuracy and complet I has been given were	gible to claim this mo eness. If there are no operational during the	onth re-submit this other errors, che e month claimed	form to clear this tock the Certificatio and that there has	error. n Statement and S . been no significa	Submit the form	n. rojected administrativ	ve costs since submission o	f program applications, receip
I certify that all enrolled sites had 50% (or more eligible partici	pants for the claim pe	erioa representea	on this form.					
I certify that to the best of my knowledg will be fully responsible for any excess	e and belief, this clain amounts that may res	n is true and correct in ult from erroneous or	n all respects, tha neglectful reporti	t records are avail ng herein.	able to support th	s claim, that th	ils is in accordance v	with the terms of existing age	reement(s). I recognize that I
I certify to the best of my knowledge an Federal Award. I am aware that any falt (U.S. Code Title 18, Section 1001 and	id belief that the report se, fictitious, or fraudu Title 31, Sections 3729	t is true, complete, an lent information, or th 9-3730 and 3801-381:	d accurate, and t e omission of an <u>;</u> 2).	he expenditures, o / material fact, ma	lisbursements and y subject me to cr	l cash receipts iminal, civil or	are for the purposes administrative penalti	s and objectives set forth in ies for fraud, false statemen	the terms and conditions of th ts, false claims or otherwise.
Created By: bbbtest	Date Cr	eated: 1/4/2024 1:24:16 F	PM		Modfied By: bbb	test		Date Modified: 1/4/2024 1	:26:56 PM
🖺 Save 🗶 Exit									

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

	Post Committatio	//1					Program Year: 2024	Sponsor: 3741-BBB Te
FSP - Summer Food Service Pro	The information ente	red on this claim has	been successfull	y saved to the databa	ise.		Missouri Department of H	ealth and Senior Service
ponsor Claim	This Sponsor Claim state before paymen	is in a status of Pend t can be made.	ling Approval ar	nd must be approved	by the			November 202
BB Test (3741)	To continue editing the To exit this claim and	nis claim click on the C I return to the listing c	Continue button. ick on the Exit P	age button.				Error Revision Original Clair
aim Detail				🗙 Exit Page 📝	Continue	umber of Sites	Operating Da	ys
Claim Month Selected		November 2023		25	_	1		15
Combine December with this Claim		December 2023				0		5
If-Prep or Rural-Vended Meals) First Meals	500	0	0	0	(D		
	2	0	0	0	(D		
Second Meals	-			0		D		
Second Meals Total Meals	502	0	0	0	l			
Second Meals Total Meals all Served to Children ban Vended Meals)	502 Breakfast	0 AM Snack	0 Lunch	Supper	PM Snack			
Second Meals Total Meals Served to Children Dam-Vended Meals First Meals	Breakfast	0 AM Snack 0	0 Lunch	Supper0	PM Snack	0		
Second Meals Total Meals ass Served to Children ham Venster Weals First Meals Second Meals	Breakfast	0 AM Snack 0 0	0 Lunch 0 0	Supper 0 0	PM Snack	0		
Second Meals Total Meals ass Served to Children herr Vended Meals First Meals Second Meals Total Meals	Breakfast 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AM Snack 0 0 0	0 Lunch 0 0	Supper 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PM Snack			

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 F	Form / Site Name	Revision	Status	Claim Amount	Action
Reimbursement Claims					
DCtober 2023	Sponsor Claim	0	Approved	\$56.50 \$	۲
November 2023	Sponsor Claim	0	Pending Approval	\$1,418.15	۲
December 2023 T	The December 2023 Claim was combined with the Nov	vember 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.

a or - ounmer roou oervice riogram					Contraction of the
Sponsor Claim Reimbursement Summary					November 20
BBB Test (3741)					Pending Appro
					Revisio
ubmitted by: bbbtest center Date Submitted: 1/4/2024 1:45:18 PM					Original Cl
feals Served To	Breakfast	Lunch	Supper	AM Snack	PM Snack
ligible Children (1st Meals)	500	0	0	0	
iligible Children (2nd Meals)	2	0	0	0	
nd Meals Allowed	2	0	0	0	
otal Meals Served	502	0	0	0	
otal Meals Allowed	502	0	0	0	
perating Reimbursement	Breakfast	Lunch	Supper	AM Snack	PM Snack
leals Allowed	502	0	0	0	
operating Rates	2.5700	4.4800	4.4800	1.0400	1.040
teimbursement Amount	1,290.14	0.00	0.00	0.00	0.0
otal Operating Reimbursement for Meals					1,290.1
dministrative Reimbursement - High	Breakfast	Lunch	Supper	AM Snack	PM Snack
leals Allowed	502	0	0	0	
dministrative Rates	0.2550	0.4700	0.4700	0.1275	0.12
teimbursement Amount	128.01	0.00	0.00	0.00	0.0
teimbursement Amount otal High Administrative Reimbursement for Meals	128.01	0.00	0.00	0.00	0.0
teimbursement Amount	128.01	0.00	0.00	0.00	0.0 128.0
teimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low	128.01 Breakfast	0.00	0.00 Supper	0.00	0.0 128.0 PM Snack
teimbursement Amount btal High Administrative Reimbursement for Meals dministrative Reimbursement - Low teals Allowed	128.01 Breakfast 0	0.00	0.00 Supper 0	0.00 AM Snack 0	0.0 128.0 PM Snack 0
teimbursement Amount btal High Administrative Reimbursement for Meals dministrative Reimbursement - Low teals Allowed dministrative Rates	128.01 Breakfast 0 0.2025	0.00	0.00 Supper 0 0.3900	0.00 AM Snack 0 0 0.1000	0.1 128.0 PM Snack 0 0.1000
teimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low teals Allowed dministrative Rates eimbursement Amount	Breaktast 0 0.2025 0.000	0.00 Lunch 0 0.3900 0.00	0.00 Supper 0 0.3900 0.000	0.00 AM Snack 0 0 0.1000 0.000	0.1 128. PM Snack 0 0.1000 0.000
teimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low teals Allowed dministrative Rates eimbursement Amount teals Low Administrative Reimbursement for Meals	Breakfast 0 0 0.2025 0.00 0.00	0.00 Lunch 0 0.3900 0.00	0.00 Supper 0 0 0.3900 0.00	0.00 AM Snack 0 0.1000 0.00	0. 128. PM Snack 0 0.1000 0.000
telimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low teals Allowed dministrative Rates eimbursement Amount otal Low Administrative Reimbursement for Meals	Breakfast 0 0.2025 0.00	Lunch 0.00	0.00 Supper 0 0 0.3900 0.00	0.00 AM Snack 0 0 0.1000 0.00	0. 128. PM Snack 0 0.1000 0.000 0.00
teimbursement Amount btal High Administrative Reimbursement for Meals dministrative Reimbursement - Low leals Allowed dministrative Rates elmbursement Amount otal Low Administrative Reimbursement for Meals elmbursement Summary	Breakfast 0 0.2025 0.000	0.00 Lunch 0 0.3900 0.00	0.00 Supper 0 0 0.00 0.00	0.00 AM Snack 0 0.1000 0.00	0.1 128.0 PM Snack 0 0.1000 0.00 0.00 0.00
telimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low dministrative Reimbursement - Low teals Allowed dministrative Rates eimbursement Amount otal Low Administrative Reimbursement for Meals eimbursement Summary otal Operating Reimbursement	Breakfast 0 0.2025 0.000	Lunch 4 0.3900 4 0.000 4	0.00 Supper 0 0 0.3900 0.00	0.00 AM Snack 0 0 0.1000 0.00	0. 128. PM Snack 0 0.1000 0.000 0.00 0.00 0.00 1,290.14
telimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low dministrative Reimbursement - Low deals Allowed dministrative Rates eimbursement Amount otal Low Administrative Reimbursement for Meals eimbursement Summary otal Operating Reimbursement Paid	Breakfast 0 0.2025 0.00	Lunch 0.00 0.3900 0 0.000	0.00 Supper 0 0 0.3900 0.00	0.00 AM Snack 0 0 0.1000 0.00	0.1 128.1 PM Snack 0 0.1000 0.00 0.00 0.00 0.00 0.00 1.290.14 1.290.14 0.00
teimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low dministrative Reimbursement - Low dministrative Reimbursement - Low dministrative Reimbursement for Meals eimbursement Amount otal Low Administrative Reimbursement for Meals eimbursement Summary otal Operating Reimbursement ess Previous Operating Reimbursement Paid et Operating Earnings	Breakfast 0 0.2025 0.000	Lunch 6 0.3900 5 0.00 5	0.00 Supper 0 0 0.00 0.00	0.00 AM Snack 0 0 0.1000 0.00	0.1 128. PM Snack 0 0.1000 0.00 0.00 0.00 0.00 4mount 1,290.14 0.00 1,290.14
teinbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low dministrative Reimbursement - Low teals Allowed dministrative Rates eimbursement Amount otal Low Administrative Reimbursement for Meals eimbursement Summary otal Operating Reimbursement ess Previous Operating Reimbursement Paid et Operating Earnings otal Administrative Reimbursement	Breakfast 0 0.02025 0.000	0.00 Lunch 0 0 0 0.3900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 Supper 0 0.3900 0.00	0.00 AM Snack 0 0 0.000 0.000	0.1 128.1 PM Snack 0 0.1000 0.000 0.00 0.00 0.00 0.00 0.0
teimbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low dministrative Reimbursement - Low deals Allowed dministrative Reimbursement - Low dministrative Reimbursement for Meals eimbursement Amount otal Low Administrative Reimbursement for Meals eimbursement Summary otal Operating Reimbursement ess Previous Operating Reimbursement Paid et Operating Earnings otal Administrative Reimbursement ess Previous Administrative Reimbursement ess Previo	Breakfast 0 0.02025 0.000	Lunch	0.00 Supper 0 0 0.00 0.00	AM Snack 0 0.1000 0.00	0.1 128.7 PM Snack 0 0.1000 0.00 0.00 0.00 Amount 1,290.14 0.00 1,290.14 1,290.14 0.00
teinbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low teals Allowed dministrative Reimbursement - Low teals Allowed dministrative Reimbursement for Meals eimbursement Amount otal Low Administrative Reimbursement for Meals eimbursement Summary otal Operating Reimbursement ess Previous Operating Reimbursement Paid et Operating Earnings otal Administrative Reimbursement Paid et Administrative Reimbursement Paid	Breaktast 0 0.2025 0.2025 0.000 0.2025	0.00 Lunch 0 0 0 0.3900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 Supper 0 0 0.3900 0.00	0.00 AM Snack 0 0 0.000 0.000	0. 128. PM Snack 0 0.1000 0.000 0.000 0.000 1.290.14 1.290.14 1.290.14 1.280.1 1.280.1
teinbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low teals Allowed dministrative Reimbursement - Low teals Allowed dministrative Reimbursement for Meals teinbursement Amount otal Low Administrative Reimbursement for Meals teinbursement Summary tal Operating Reimbursement ess Previous Operating Reimbursement Paid et Administrative Reimbursement Paid	Breaktast 0 0 0.2025 0.000 0.000	Lunch 0 0 0.3900 0.00	0.00 Supper 0 0 0.3900 0.00	0.00 AM Snack 0 0 0.1000 0.00	0. 128. PM Snack 0 0.1000 0.00 0.00 0.00 0.00 1.290.14 1.290.14 0.00 1.290.14 1.28.01 1.28.01 1.28.01 1.28.01
teinbursement Amount otal High Administrative Reimbursement for Meals dministrative Reimbursement - Low leals Allowed dministrative Reimbursement - Low leals Allowed dministrative Reimbursement for Meals leanbursement Amount otal Low Administrative Reimbursement for Meals leanbursement Summary tal Operating Reimbursement ess Previous Operating Reimbursement Paid et Operating Earnings tal Administrative Reimbursement Paid et Administrative Reimbursemen	Breakfast 0 0 0.2025 0 0.000	0.00 Lunch 0 0 0 0.00 0 0.00 0 0 0 0 0 0 0 0 0 0	0.00 Supper 0 0 0.3900 0.00	0.00 AM Snack 0 0 0.000 0.00	

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					
Cctober 2023	Sponsor Claim	0	Approved	\$56.50 \$	۲
November 2023	Sponsor Claim	0	Pending Approval	\$1,418.15	۲
December 2023	The December 2023 Claim was combined with th	ne November 2023 Claim			
			YTD Claim Totals	\$1,474.65	
ponsor Summary					BBB Test (3741
Checklist	Applications	Claims	Payments	Users	
Assigned Specialist: County					Cole County
Claim Month	Form / Site Name	Revision	Status	Claim Amount	Action
eimbursement Claims					
October 2023	Sponsor Claim	0	Approved	\$56.50 \$	۲
November 2023	Sponsor Claim	0	Needs Correction	\$1,418.15	• 🖍 💼
December 2023	The December 2023 Claim was combined with the	November 2023 Claim			
			VTD Claim Tatala	\$4 474 CE	

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							Nove	ember 2023		
BBB Test (3741)							Need	s Correction		
								Revision 0		
Submitted by: bbbtest center Date Submitted: 1/4/2024 1:45:18 PM Original Claim										
The following corrections are needed: Returned per sponsors request, tas								х		
Claim Detail		Month		ADP	Nu	nber of Sites	Operating Days			
1. Claim Month Selected		November 2023		25		1		15		
3. 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	Revisio	ı Sta	tus (Claim Amount	Action
Reimbursement Claims						
Cctober 2023	Sponsor Claim	0	Appr	oved	\$56.50 \$	
November 2023	Sponsor Claim	0	Needs C	orrection	\$1,418.15	• 🖍 💼
December 2023	The December 2023 Claim was con	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					E	3BB 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						
Cctober 2023	Sponsor Claim		0	Approved	\$56.50 \$	• 🖍 🛍
November 2023	Sponsor Claim		0	Approved	\$1,418.15	۵ 🖍 💼
December 2023	The December 2023 Claim was con	nbined 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.

Spons	or Summary						BBB Test (3741)
	Checklist	Applications	Activities	Claims	Payments		Users
Assig	gned Specialist: County						Cole County
С	laim Month	Form / Site Name		Revision	Status	Claim Amount	Action
Reimbur	rsement Claims						
• 0	ctober 2023	Sponsor Claim		0	Paid	\$56	6.50 💲 👁 🕇
N N	ovember 2023	Sponsor Claim		0	Paid	\$1,418	8.15 \$ 🔿 🕇
D	ecember 2023	The December 2023 Claim was con	nbined with the November 2023 Claim				
					YTD Claim Totals	\$1,47	4.65

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			Op	erations	Administrati	ive Total Payable
Total Open Transactions				0.00	0.	.00 0.00
Batch Number	Proce	ess Date	Op	erations	Administrati	ive 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: Cou	nty						Cole County
Open Balance Transactions				Op	rations	Administrati	ve Total Payable
Total Open Transactions					0.00	0.	0.00
Batch Number		Process D	Date	Ор	rations	Administrati	ve Total Payment
6852		1/8/2024	24		,341.54	133.	11 1,474.65
October 2023 Claim					51.40	5.	10 56.50
November 2023 Claim					,290.14	128.	01 1,418.15
Total Payments					,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".

SFS	P - Summer Food S	ervice Prograr	m					Missouri Department of Health and	d Senior Services
Site (Claim								3741 BBB Test November 2023
BB Te	est							Pen	nding Submission
3741-	1								Revision 1
									Revision
Clai	m Detail	Month	ADA	Operating Days					
1.	Claim Month Selected	November 2023	25	15					
	Include Combined Month	December 2023		5					
					1				
Mea	is served		Breaktast	AM Shack	Lunch	Supper	PM Shack		
Adm	inistrative Rate		(High)						
2.	First Meals		500	0	0	0	0		
3.	Second Meals		2	0	0	0	0		
4.	Total Meals		502	0	0	0	0		
5.	Total ADA		25	0	0	0	0		
	Created By:			Date Created:		1	Modfied By:	Date Modified:	
🖹 Sa	ve 🗙 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					
Cctober 2023	Sponsor Claim	0	Paid	\$56.50 \$	• +
> E November 2023	Sponsor Claim	1	Pending Submission	\$0.00	• / 1
3741-1	BB Test	1	Complete	\$1,443.58	• / 1
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 Prog	ram						Missouri Department of Health and Senior	Services
Sponsor Claim November 2023								
BBB Test (3741) Pending Submission								
							R	evision 1
								Revision
The following corrections are needed: Returned per sponsors request. tas								х
Claim Detail		Month		ADP	Numb	per of Sites	Operating Days	
1. Claim Month Selected		November 2023		25		1	1	5
3. 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	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 (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			
 I certify that all sites for which approval h advance payment or previous claim. 	nas been given were	operational during th	ne month claimed a	nd that there has be	en no significant chan	ge in projected administrative	costs since submission of program applications, r	eceipt of

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

Sponsor Summary	ponsor 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 \$	• +
November 2023	Sponsor Claim	1	Pending Approval	\$1,443.58	۲
		0	Paid	\$1,418.15 \$	۲
December 2023	The December 2023 Claim was combined with the	November 2023 Claim			
			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 be 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	Revisio	n S	itatus	Claim Amount	Action
Reimbursement Claims						
February 2023	Sponsor Claim	0	Pendir	ig Approval	\$38.88 \$	• 🖍 📋
March 2023	Sponsor Claim	0		Paid	\$38.88 \$	● +
April 2023	Claim can only be submitted as a O	ne-Time Exception after 60 days.				+ 🔼
May 2023	Claim can only be submitted as a O	ne-Time Exception after 60 days.				+ 🔼
June 2023	Sponsor Claim	0		Paid	\$388.75 \$	● +
July 2023	Claim can only be submitted as a O	ne-Time Exception after 60 days.				+ 🔼
				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.

BB Test (3740) Pending Submission								
								Revision 0
								Original - One Time Exception
Clair	n Detail	M	onth	ADP		Number of Sit	les	Operating Days
1.	Claim Month Selected	July	2023	55			2	5
Meal	s Served to Children	Breakfast	AM Snack	Lunch	Supper	PM Snack		
(Self-F	rep or Rural-Vended Meals)							
4.	First Meals	75	0	75	0	0		
5.	Second Meals	0	0	0	0	0		
6.	Total Meals	75	0	75	0	0		
Meal	s Served to Children	Breakfast	AM Snack	Lunch	Supper	PM Snack		
(Urbar	-Vended Meals)							
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 I advance payment or previous claim	has been given were	operational during the	month claimed and	that there has been	n no significant char	ge in projected administrative costs since	e submission of program applications, receipt of
	advance payment of previous claim.							
	I certify that all enrolled sites had 50% o	r more eligible partici	pants for the claim per	riod represented on	this form.			
	I certify that to the best of my knowledge	e and belief, this clain	n is true and correct in	all respects, that re	cords are available	to support this claim	n, that this is in accordance with the terms	s of existing agreement(s). I recognize that I will
	be fully responsible for any excess among	unts that may result fi	rom erroneous or negl	lectful reporting here	ein.			
	I certify to the best of my knowledge and	d belief that the report	is true, complete, and	d accurate, and the	expenditures, disbu	rsements and cash	receipts are for the purposes and objectiv	ves set forth in the terms and conditions of the
	Federal Award. I am aware that any faise, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, faise statements faise 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								
	the time Exception chall call be s	astrated maining of	ante name d	and must be abbio	tou by the otate.			

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 <u>immediately</u> 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.