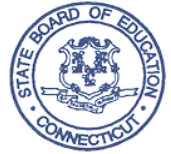




STATE OF CONNECTICUT

DEPARTMENT OF EDUCATION



TO: 2014 Summer Food Service Program (SFSP) Sponsors
FROM: John Frassinelli, Chief
Bureau of Health/Nutrition, Family Services and Adult Education
DATE: July 8, 2014
SUBJECT: Operational Memorandum #05-14 - SFSP
Schedule for Submission of Reimbursement
Claims for Reimbursement

Handwritten signature of John Frassinelli

The Code of Federal Regulations for the SFSP [§225.9] details specific requirements for submission of claims for reimbursement to State agencies by SFSP Sponsors. The due date for the claim form is the 15th of the month following the last day of the month covered by the claim or as noted on the new schedule below when the 15th falls on a weekend or holiday. Final claims, including revisions, must be submitted not later than 60 days following the last day of the month covered by the claim. Claims not filed or corrected within the 60 days may not be paid. The new schedule is listed below:

Table with 3 columns: (1) Claim Month, (2) Due Date for Prompt Payment, (3) Deadline for Final Payment. Rows include June 2014, July 2014, and August 2014 with corresponding dates.

- 1. Claims are due (received by State agency) by the date in column (2). Claims MUST be postmarked by the date in column (3) to ensure compliance with the required time frame (60 days). A copy of the claim for reimbursement (ED-103, Schedule E) is enclosed. PLEASE NOTE: Only the U.S. Postal Service postmark is acceptable for the 60-day final deadline. Claims received using agency postage meter dates will not fulfill the final deadline requirement.
2. All counts must be supported by adequate documentation and kept on file at the sponsor level. The claim must be limited to actual counts of children served. No estimates may be included.
3. Claim forms (original and/or revised) must be postmarked by the date in column (3), deadline for final payment, to ensure receipt of program reimbursement. Exceptions are granted on a case-by-case basis.

4. Sponsors that operate 10 operating days or less in the initial month, may submit a combined claim with the subsequent month.\*
5. Sponsors that operate 10 operating days or less in the final month of operation, may submit a combined claim with the preceding month.\*
6. Sponsors that operate for three consecutive months, may submit combined claims as long as the combined claim only includes 10 operating days or less from each of the first and last months of operation.\*

***\* Note: Sponsors that submit a combined claim must also submit a breakdown of the meal counts for each month by meal type for all months covered by the combined claim to the State agency.***

While sponsors do not have to report their costs to the State agency, they must continue to maintain records of their costs for the State agency's review or audit purposes. Reimbursement is based solely on "meals times rates" without comparison to actual or budgeted costs. Sponsors must continue to account for any income that accrues to the program but the income will not be deducted from the combined operating and administrative costs to determine the amount of reimbursement the sponsor is entitled to receive.

**As a reminder, sponsors must adhere to the above schedule to ensure timely payment of claims. The online system will be locked at the close of the work day on the date indicated in column (2).**

All hard copy claims should be sent to the attention of Avis Kelly in the Child Nutrition Unit at 25 Industrial Park Road, Middletown, CT 06457.

Questions regarding the claim filing process may be directed to Fionnuala Brown 860-807-2129 or [fionnuala.brown@ct.gov](mailto:fionnuala.brown@ct.gov).

JF:fb

Enclosure

Important: This is a numbered Operational Memorandum that contains important program information. Please read carefully and retain in a binder for your future reference. Operational Memoranda are also posted on the Child Nutrition Web site at: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320658>

**SUMMER FOOD SERVICE PROGRAM – CLAIM FOR REIMBURSEMENT**  
**IMPORTANT: SEE REVERSE SIDE FOR INSTRUCTIONS**

1. Name and Phone Number of Sponsor: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Agreement # \_\_\_\_\_  
 3. Month and Year covered by this report \_\_\_\_\_  
 4. Average Daily Attendance \_\_\_\_\_  
 5. Total Enrollment \_\_\_\_\_  
 6. Number of Sites in this report \_\_\_\_\_  
 Breakdown: Residential Camp \_\_\_\_\_ Non-Residential Camp \_\_\_\_\_ Other Sites \_\_\_\_\_  
 7. No. of Operating days this month \_\_\_\_\_  
 8. Number of Sites: Rural or Self-Prep. \_\_\_\_\_ All Other \_\_\_\_\_  
 9. Type of Sponsor: School \_\_\_\_\_ Government \_\_\_\_\_ Residential Camp \_\_\_\_\_  
 National Youth Sports Program (NYSP) \_\_\_\_\_ Private Nonprofit \_\_\_\_\_

10. Food Service by Type to all Eligible Children (**1<sup>st</sup> MEALS**)
- |   |                     |                 |
|---|---------------------|-----------------|
|   | Rural or Self-Prep. | All Other Types |
| A. Number of Breakfasts Served                | _____               | _____           |
| B. Number of Lunches Served                   | _____               | _____           |
| C. Number of Suppers Served                   | _____               | _____           |
| D. Number of Snacks (A.M. and/or P.M.) Served | _____               | _____           |

11. Food Service by Type to all Eligible Children (**2<sup>nd</sup> MEALS**)
- |   |                     |                 |
|---|---------------------|-----------------|
|   | Rural or Self-Prep. | All Other Types |
| A. Number of Breakfasts Served                | _____               | _____           |
| B. Number of Lunches Served                   | _____               | _____           |
| C. Number of Suppers Served                   | _____               | _____           |
| D. Number of Snacks (A.M. and/or P.M.) Served | _____               | _____           |

12.

Meal Type	(A) Total 1 <sup>st</sup> Meals Served	(B) Total 2 <sup>nd</sup> Meals Served	(C) 2 <sup>nd</sup> Meal Limitation (.02 x A)	(D) Allowable 2 <sup>nd</sup> Meals = Lesser of (B) or (C)	(E) Allowable Total Meals (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

I CERTIFY that the information supplied above is correct to the best of my knowledge, that records are available to support this claim, that this claim is in accordance with the terms of existing Agreement(s), and that payment has not been received.

\_\_\_\_\_  
 Signature of Authorized Sponsor Representative

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

All claims must be mailed by the 15<sup>th</sup> of the month following the month covered by this report. SUBMIT ONE COPY with an original signature to the above address and keep a copy for your file. All receipts, invoices, and other evidence of purchase must be maintained on file for three years after the data of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed, as required by program regulations.

---

## INSTRUCTIONS

1. Enter name and phone number of sponsor as indicated on signed Agreement (ED-099).
2. Enter your agreement number as assigned on ED-099. Check for accuracy.
3. Enter month and year covered by this report.
4. Enter the average daily attendance of eligible children for the month covered by this report.
5. Enter the number of eligible children listed as enrolled whether or not they attended.
6. Enter number of sites covered by this report.
7. Enter total number of days which food service operated during the month covered by this report.
8. Enter number of sites by categories of rural or self-prep., or all other.
9. Check the sponsor by appropriate type.
10. Enter under the appropriate column and the proper corresponding lines the actual number of 1st meals you served to eligible children\*.
11. Enter under the appropriate column and the proper corresponding lines the actual number of 2nd meals you served to eligible children\*.
12.
  - A. Enter the number of 1st meals served from 10A, 10B, 10C & 10D to the appropriate row in 12A.
  - B. Enter the number of 2nd meals served from 11A, 11B, 11C & 11D to the appropriate row in 12B.
  - C. Enter the number from the appropriate row in 12A multiplied by .02. Round any fraction down to a whole number, (e.g. 201.9 is rounded to 201).
  - D. Enter the allowable number of 2<sup>nd</sup> meals served (lesser of 12B or 12C) in the appropriate row in 12D.
  - E. Enter the allowable total meals served (total of 12A plus 12D) in the appropriate row in 12E.

\*Adjustments to the claim form for program violations issued by State Agency personnel will be made at the State Agency.