



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: 2010 Summer Food Service Program (SFSP) Sponsors

FROM: Paul F. Flinter, Chief
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: July 15, 2010

SUBJECT: **Operational Memorandum #07-10 - SFSP**
Claims for Reimbursement

A copy of the claim for reimbursement (ED-103, Schedule E) is enclosed. Please note that the form has been revised. All earlier versions of this form must be discarded. Operational Memorandum #08-10 – SFSP outlining the schedule for submission of claims is also enclosed.

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.

Please refer to the *Approved Agreement Memo* that was sent with the approved application materials to determine the number of claims that must be submitted.

Questions may be directed to Susan Bohuslaw at 860-807-2073 or susan.bohuslaw@ct.gov or Robert Zwack at 860-807-2081 or robert.zwack@ct.gov.

PFF:sbb

Enclosures: (2)

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 website at: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320658>

CONNECTICUT STATE DEPARTMENT OF EDUCATION
 Bureau of Health/Nutrition, Family Services and Adult Education
 25 Industrial Park Road
 Middletown, Connecticut 06457-1543

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 (**1st 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 (**2nd 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 st Meals Served	(B) Total 2 nd Meals Served	(C) 2 nd Meal Limitation (.02 x A)	(D) Allowable 2 nd 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 15th 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 date 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 2nd 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.