Summer Food Service Program

2017 Training on Claims and Advances

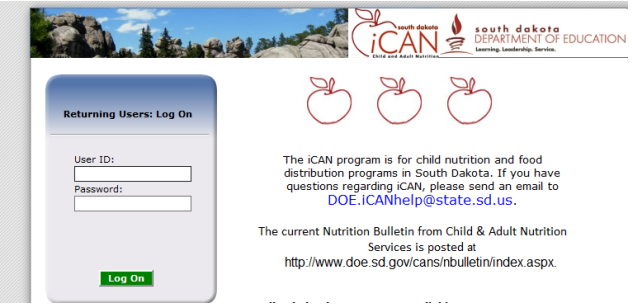
Submitting an Original Claim Form

- Sponsors must submit monthly meal claims using iCAN.
- Submit claims for reimbursement on or before the 10th of each month following the month being claimed.
- Sponsors must submit all original claims within the 60 days of the end of the month claimed, and claim adjustments are submitted within 90 days from the end of the month claimed.

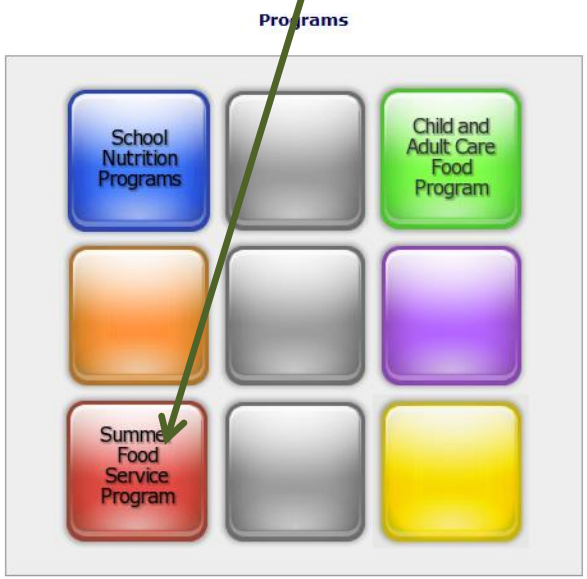
- Sponsors may submit a combined claim for up to three months if the following criteria are satisfied:
  - The meal service days for the first and the last months are for 10 days or less.
    - For example, June 2017 (10 days) + July 2017 (22 days) + August 2017 (10 days) = July 2017 claim.
  - All sites are combined into one claim and are approved to operate in the months that are being combined.

Steps in the Claim Submission Process

- Open your internet browser and go to the iCAN home page from the following website at https://ican.sd.gov
- Enter your User ID and password in the fields provided and select the Log on button



- Once logged on, select the Summer Food Service Program button:



- Click on the claims tab on the top of the menu bar.

- Then click on the SFSP

Claim Process Steps

- SFSP Claim Year Summary screen displays.
- Under the claim month column, select the month for which you are ready to file a claim, i.e. July 2016
  - The system will allow you to open only the active claim months you have been approved to operate in the SFSP.

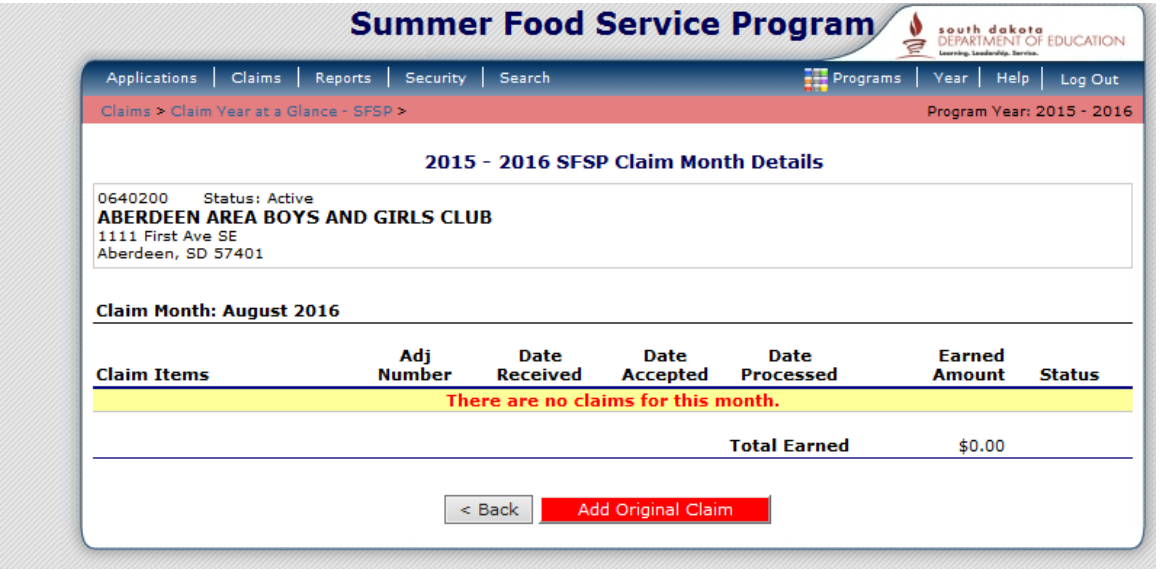
Claim Process Steps

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2015					$0.00
Nov 2015					$0.00
Dec 2015					$0.00
Jan 2016					$0.00
Feb 2016					$0.00
Mar 2016					$0.00
Apr 2016					$0.00
May 2016					$0.00
Jun 2016					$0.00
Jul 2016					$0.00
Aug 2016					$0.00
Sep 2016					$0.00
				Year to Date Totals	**$0.00**

< Back

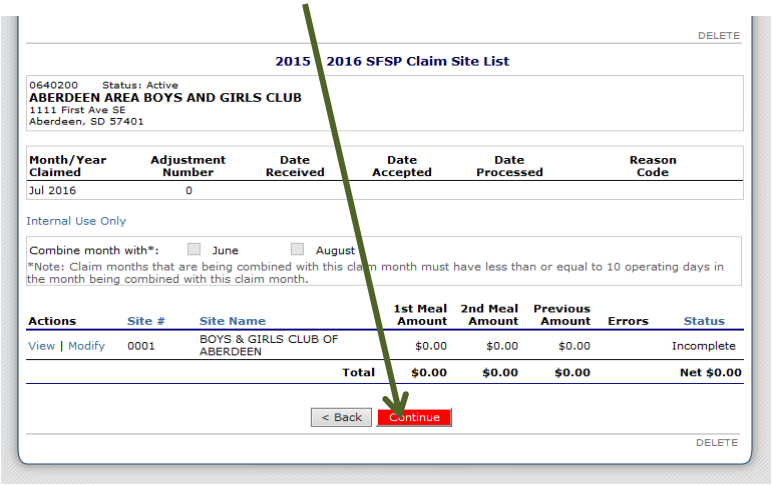
Claim Process Steps

- Select Add Original Claim button.



Claim Process Steps

- The claim site list for the chosen month. Select the continue button.



DELETE

2015 2016 SFSP Claim Site List

0640200 Status: Active
ABERDEEN AREA BOYS AND GIRLS CLUB
1111 First Ave SE
Aberdeen, SD 57401

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jul 2016	0				

Internal Use Only

Combine month with*: June August

*Note: Claim months that are being combined with this claim month must have less than or equal to 10 operating days in the month being combined with this claim month.

Actions	Site #	Site Name	1st Meal Amount	2nd Meal Amount	Previous Amount	Errors	Status
View | Modify	0001	BOYS & GIRLS CLUB OF ABERDEEN	$0.00	$0.00	$0.00		Incomplete
		Total	$0.00	$0.00	$0.00		Net $0.00

< Back Continue

DELETE

Claim Process Steps

- Complete the General Information section of the claim. Ensure that the following fields are filled out correctly:
  - Line 1 – Enter the total number of Days food served for each meal being served.

General Information

		Total Number of Days Food Served
1.	Breakfast	0
2.	AM Snack	0
3.	Lunch	20
4.	PM Snack	20
5.	Supper	0

Claim Process Steps

- If there are multiple sites this step will need to be completed for each site. Enter in the number of meals served. Select the save button.

Self-Prep and/or Vended-Rural Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp Meals Served
6. Breakfast	0	0	0
7. AM Snack	0	0	0
8. Lunch	3400	0	0
9. PM Snack	2840	0	0
10. Supper	0	0	0

Internal Use Only

Internal Comments:

Comment(s) to Sponsor:

Created By: jackiemattheis on: 3/21/2017 7:39:21 AM Modified By: jackiemattheis on: 3/21/2017 7:39:21 AM

Save Cancel

Here is the message that is received once you have selected save:

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jul 2016	0				

The Site Claim has been saved.

< Edit | Finish

The processing of the claim is not completed yet, because it has not been received or accepted by the system yet, next you need to select finish, then select continue

Actions	Site #	Site Name	1st Meal Amount	2nd Meal Amount	Previous Amount	Errors	Status
View | Modify	0001	BOYS & GIRLS CLUB OF ABERDEEN	$15,253.50	$0.00	$0.00		Validated
			Total $15,253.50	**$0.00**	**$0.00**		**Net $15,253.50**

< Back | Continue

DELETE

When you select continue the system will let you review the entire claim and show you what the reimbursement will be for that month.

0640200 Status: Active
ABERDEEN AREA BOYS AND GIRLS CLUB
1111 First Ave SE
Aberdeen, SD 57401

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jul 2016	0				

General Information

Meal Description	Number of Participating Sites	Total Number of Days Food Served	ADP
Breakfast	0	0	0
AM Snack	0	0	0
Lunch	1	20	170
PM Snack	1	20	142
Supper	0	0	0
CCNSP Snack	0	0	0

Operating Reimbursement

Meal Description	Total Reimbursable Meals Served	Reimbursement Rate	Reimbursement Amount
Breakfast	0	1.9400	0.00
AM Snack	0	0.7900	0.00
Lunch	3,400	3.3900	11,526.00
PM Snack	2,840	0.7900	2,243.60
Supper	0	3.3900	0.00
Total			**13,769.60**

Administrative Reimbursement - Self-Prep and/or Vended Rural

Meal Description	Total Reimbursable Meals Served	Reimbursement Rate	Reimbursement Amount
Breakfast	0	0.1925	0.00
AM Snack	0	0.0975	0.00
Lunch	3,400	0.3550	1,207.00
PM Snack	2,840	0.0975	276.90
Supper	0	0.3550	0.00
Total			**1,483.90**

Administrative Reimbursement - Vended-Urban

Meal Description	Total Reimbursable Meals Served	Reimbursement Rate	Reimbursement Amount
Breakfast	0	0.1525	0.00
AM Snack	0	0.0750	0.00
Lunch	0	0.2950	0.00
PM Snack	0	0.0750	0.00
Supper	0	0.2950	0.00
Total			**0.00**

Claim Reimbursement Total **15,253.50**

Certification

☐ I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

< Back | Submit For Payment

At the bottom you see the certification, you will need to check the box and submit for payment, this is a very important step, with out checking the certification and selecting the submit for payment, your claim can not be processed for payment.

Certification

☑ I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

< Back | Submit For Payment

You see the claim now has the date received, date accepted. It is important to keep this confirmation number so in case something happens, you can to show the us when the claim was received and accepted. **It is important to have correct email addresses, and that more than one person receives these emails**. The claim is waiting for the payment processing.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed
Jul 2016	0	03/21/2017	03/21/2017	

Confirmation Number: **AUXCYB**

Thank you for your **July 2016** Claim Submission.

An email confirmation has been sent to: bkriech.bgca@midconetwork.com

Finished

Claim Month: July 2016

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View | Modify | Summary	0	03/21/2017	03/21/2017		$15,253.50	Accepted
				Total Earned	$15,253.50	

< Back

Claim Process Steps

- An error message will appear if there are site claim and/or general information errors. To view error details, select Claim under Claim items.

A fatal error has occurred while trying to process the Claim. Some or all of the information could not be processed.

Code	Error Description
F20006	The claim's current status will not allow it to be submitted for payment.

Claim Month: July 2014

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
Claim | Summary	0	09/29/2014			$10,542.71	Error
				Total Earned	$10,542.71	

Claim Process Steps

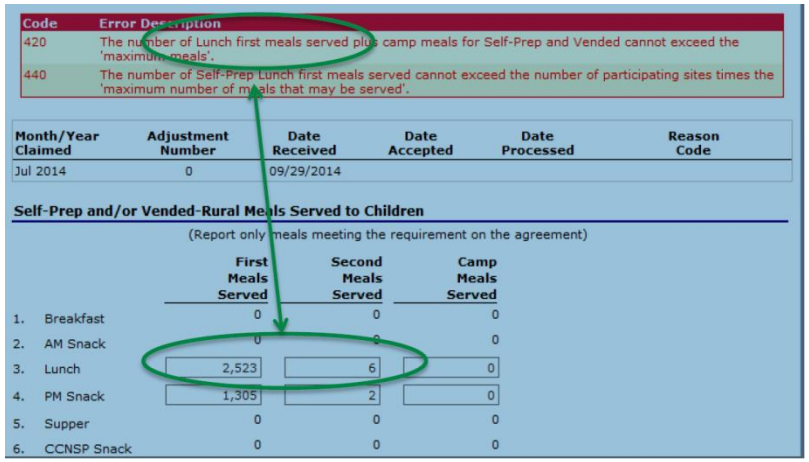
- Site status and number of errors are shown on the right hand side of the site name. Go to Modify to correct the data.

Sponsor Claim Information

Actions	Site #	Site Name	Errors	Status
View | Modify	28531	Happy Site	2	Error
View | Modify	28532	Honker Site		Validated

Claim Process Steps

- Error descriptions in red font on top of the page direct you to which data needs attention and correction. Correct all errors and repeat save and finish steps.



Code	Error Description
420	The number of Lunch first meals served plus camp meals for Self-Prep and Vended cannot exceed the 'maximum meals'.
440	The number of Self-Prep Lunch first meals served cannot exceed the number of participating sites times the 'maximum number of meals that may be served'.

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Jul 2014	0	09/29/2014			

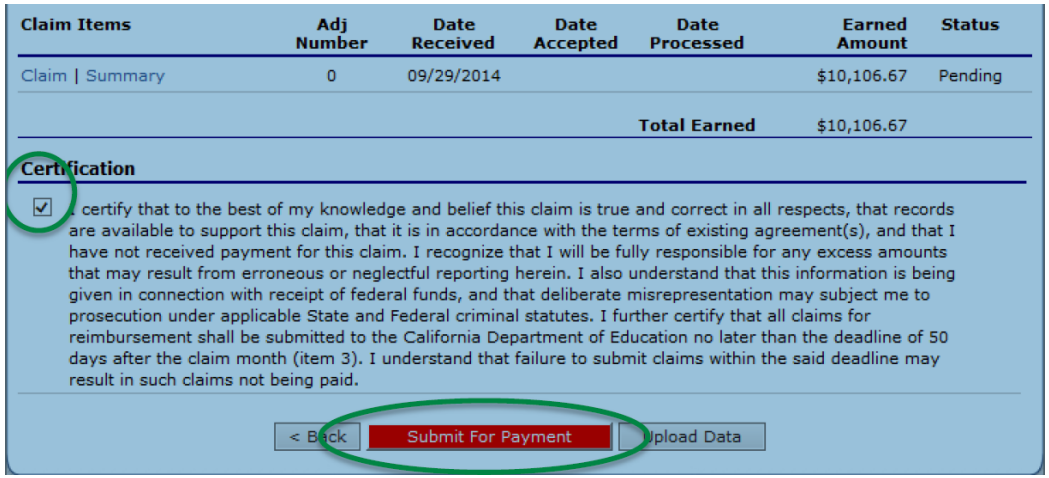
Self-Prep and/or Vended-Rural Meals Served to Children

(Report only meals meeting the requirement on the agreement)

	First Meals Served	Second Meals Served	Camp Meals Served
1. Breakfast	0	0	0
2. AM Snack	0	0	0
3. Lunch	2,523	6	0
4. PM Snack	1,305	2	0
5. Supper	0	0	0
6. CCNSP Snack	0	0	0

Claim Process Steps

- Once all site data errors are corrected, saved, and finished, select the BACK button. Re-certify and select Submit for Payment button.



Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
Claim | Summary	0	09/29/2014			$10,106.67	Pending
				Total Earned	$10,106.67	

Certification

☑ 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 it is in accordance with the terms of existing agreement(s), and that I have not received payment for this claim. I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein. I also understand that this information is being given in connection with receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. I further certify that all claims for reimbursement shall be submitted to the California Department of Education no later than the deadline of 50 days after the claim month (item 3). I understand that failure to submit claims within the said deadline may result in such claims not being paid.

< Back | Submit For Payment | Upload Data

Claim process Steps

- Go to Summary under claim items to view meal counts and reimbursement details.

(**Note**: Do **not** select **Claim** again if you do not intend to modify the claim as you may unnecessarily change the status back to **Pending**. A claim in **Pending** status can not be processed for payment.

Claim process Steps

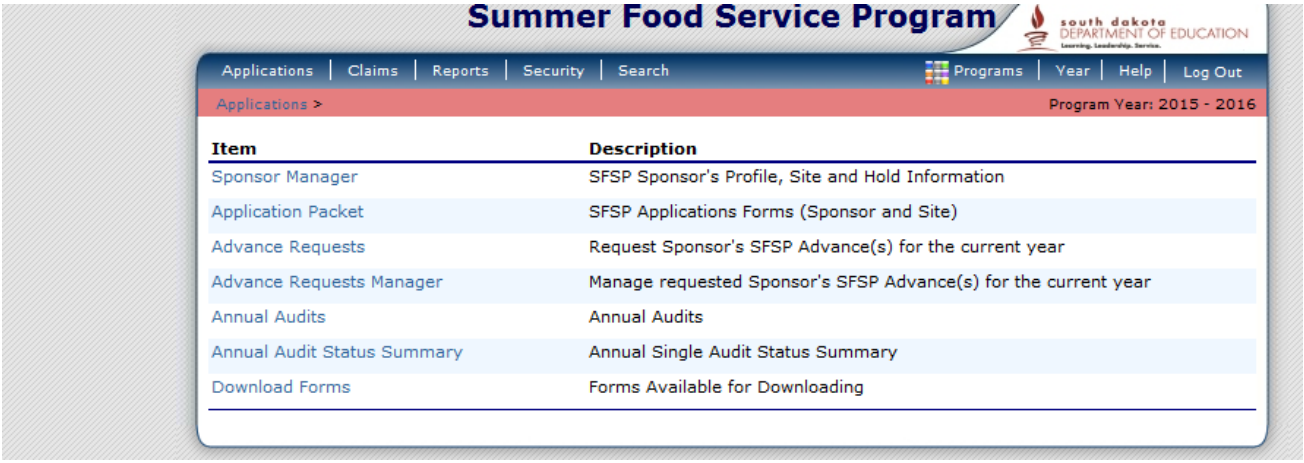
Claim Month: July 2014

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
Claim Summary	0	09/29/2014	11/05/2014		$10,106.67	Accepted
				Total Earned	$10,106.67	

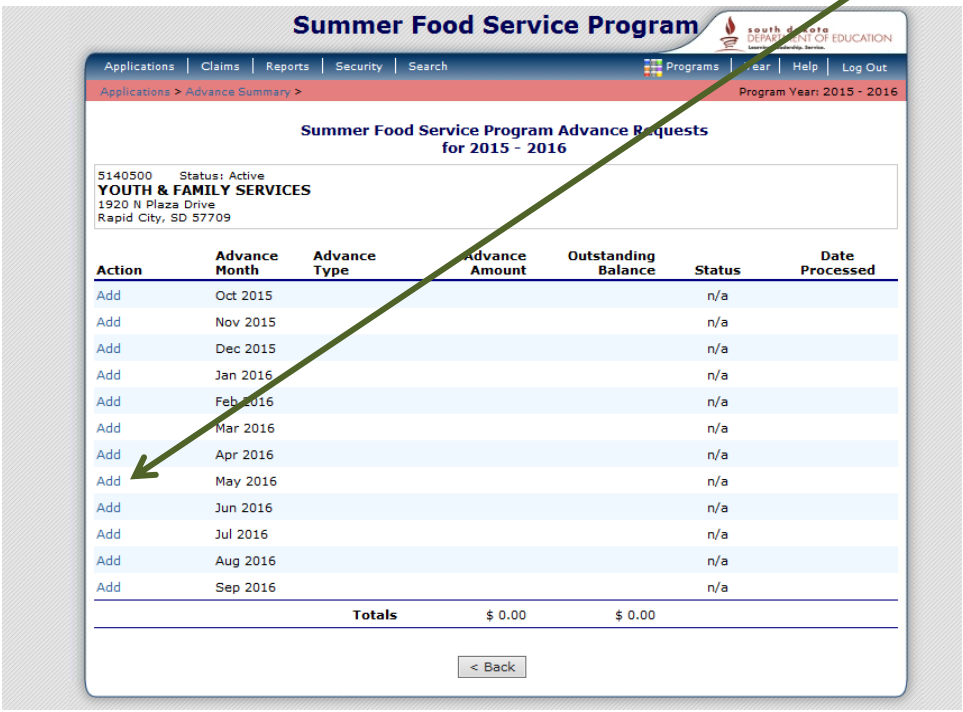
< Back | Submit For Payment | Upload Data

Advance Payment Steps

- Advance Request is located under the Applications, Advance Requests



- Here select the month you want to do an advance request in, click on the add:



- Here it will open up to request detail, you will select if you are requesting for either operating and administrative or just one of them. You will also need to enter in the justification and amount requested and check the box and select save

Here is an example of the advance:

☐ Operating

☑ Administrative

Justification/Amount Requested:

Assist in covering the labor cost to administer the SFSP program. $250.00

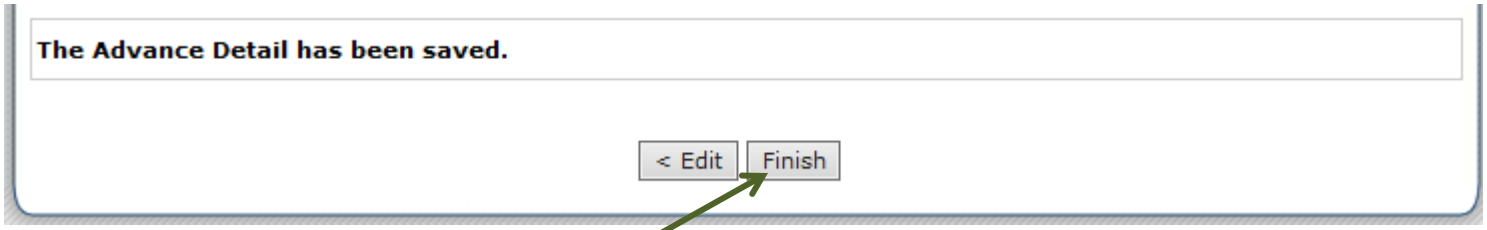
☑ I understand that any advance payment received will be deducted from future reimbursement payments. Further I understand that the sponsor will be responsible for repayment of any part of the advance that exceeds the amount reimbursed to the sponsor for the number and types of meals actually served during the operation of the Summer Food Service Program.

Created By: jackiemattheis on: 3/20/2017 9:53:13 AM

Save Cancel

Click on the save button

This is what you will see once you have clicked on the save button



Click on the finished button

View | Modify	Jun 2016	Operating	Not Requested
	Jun 2016	Administrative	Pending Approval

The system is telling that there was no operating requested and the administrative is pending approval, this is letting you know that it is waiting for the State to review the request and **approve or deny**. The state will ask further questions if it need more clarification.

The state will then review the request and when it is approved you will see this:

View | Modify	Jun 2016	Operating			Not Requested
	Jun 2016	Administrative	$ 250.00	$ 0.00	Approved

Annual Audit

Annual Audit need to be completed

- Located under the applications
- Click on Annual Audits and complete the form.
- Important information to include is all federal funding received, please include this fiscal year of federal funds that you will receive in SFSP program, the certify and save.

Sponsor's 12-Month Fiscal Year

6. Fiscal Year: January - December
7. Total Amount Claimed for this fiscal year (as of 2/21/2017): $0.00
8. Audit Type: We will submit an A-133 audit

Federal Funds

9. Does your organization expend federal funds from a program other than those administered by CANS? ○ Yes ◉ No
10. Identify the federal fund source and the total amount for each source that your organization projects to expend for fiscal year 2017.

Federal Fund Source	Amount
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
	$0.00
Total Federal Funds Amount	$0.00

More Lines

Total of All Funds

11. Total Amount of all Fund Sources - CANS and Federal (as of 2/21/2017): $0.00

Certification

Budget

Please make sure these sections are completed prior to submitting the budget for approval:

Contracts will need pre approval – CANS Office

Cost Reimbursement Summary, if Total SFSP Costs is greater than the SFSP Reimbursement, please provide and explanation in the “Amount from other funding resources (e.g. grant, donations)”

Cost Reimbursement Summary

Total SFSP Costs			$56,988.20
Total SFSP Reimbursement			$52,230.40
Excess SFSP revenue amount from the prior program year or previous participation in SFSP		$	0.00
Amount from other funding resources (e.g. grant, donations)		$	4,757.80
Other funding resources	Operational Budget Funds		
		Balance	$0.00

Finance & Management Contacts

GRANTS MANAGEMENT

- Jackie Mattheis - SFSP advances, budgets, claims for reimbursement Jacquelynn.Mattheis@state.sd.us

PHONE/FAX

- CANS Office Secretary (605) 773-3413
- Jackie (605) 773-3456