



Summer Food Service Program

2019 Training on Claims, Advances
And Audit Requirement Form

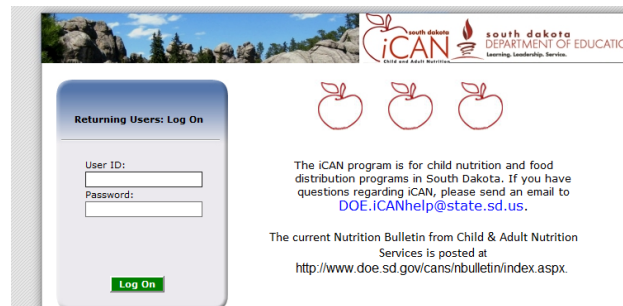
Submitting an Original Claim Form

- 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 and upward adjustments within the 60 days of 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.

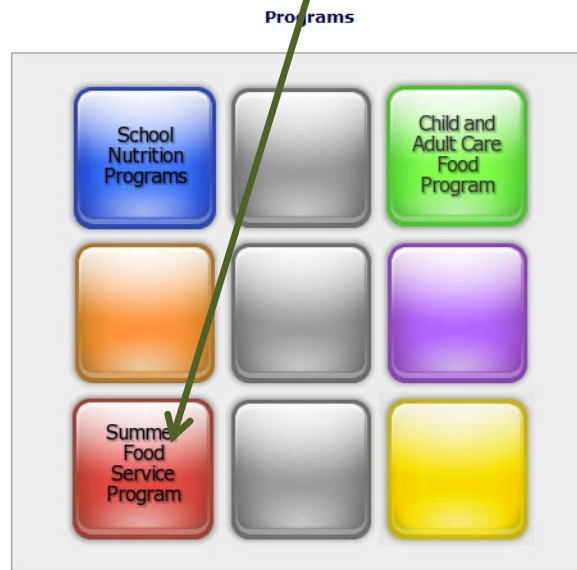
Steps in the Claim Submission Process

- 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

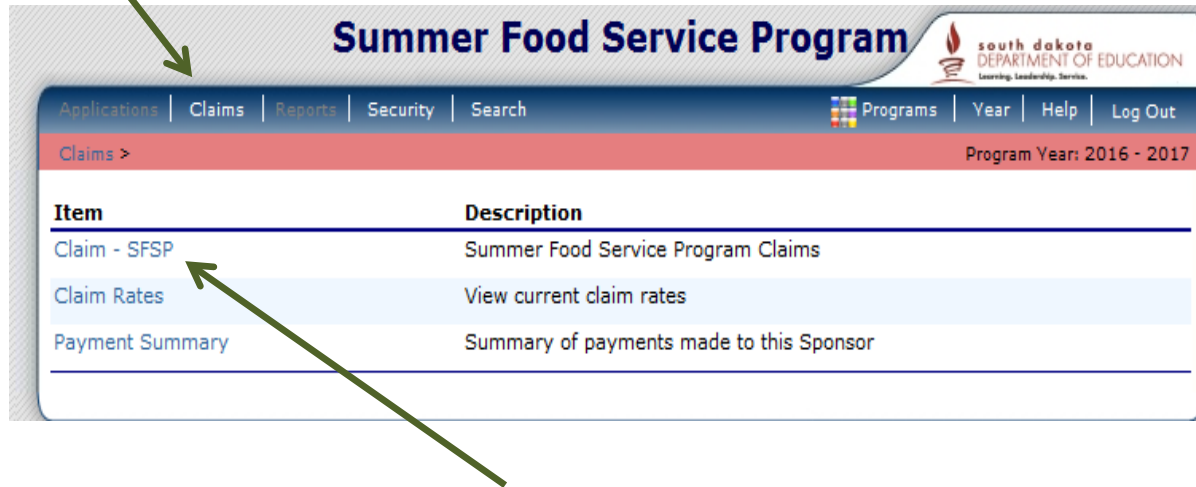


The screenshot shows the iCAN login interface. At the top, there is a banner with a landscape image and the iCAN logo, which includes the text "south dakota iCAN CHILD AND ADULT NUTRITION" and the "south dakota DEPARTMENT OF EDUCATION Learning. Leadership. Service." logo. Below the banner, on the left, is a login box titled "Returning Users: Log On" containing fields for "User ID:" and "Password:", and a green "Log On" button. To the right of the login box are three red apple icons. Further right, there is text explaining the iCAN program: "The iCAN program is for child nutrition and food distribution programs in South Dakota. If you have questions regarding iCAN, please send an email to DOE.ICANhelp@state.sd.us." Below this, it states "The current Nutrition Bulletin from Child & Adult Nutrition Services is posted at <http://www.doe.sd.gov/cans/nbulletin/index.aspx>."

- 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

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Claim Process Steps

- Select Add Original Claim button.

Summer Food Service Program 

Applications | Claims | Reports | Security | Search  Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - SFSP > Program Year: 2015 - 2016

2015 - 2016 SFSP Claim Month Details

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

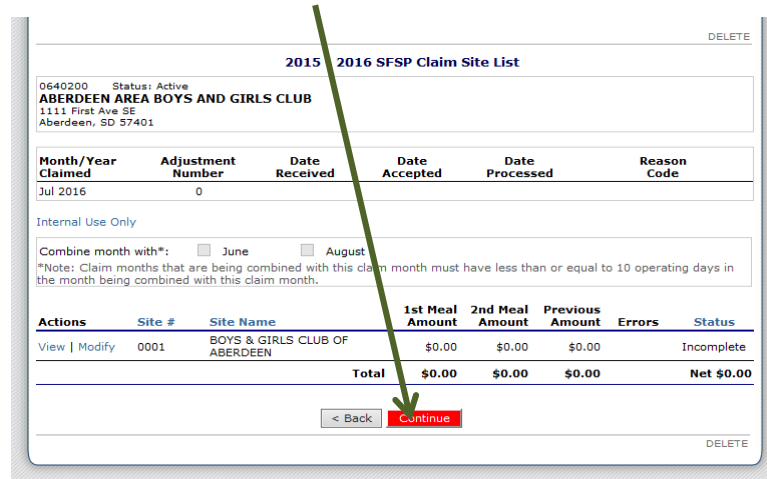
Claim Month: August 2016

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	

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Claim Process Steps

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



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

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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	<input type="text" value="20"/>
4. PM Snack	<input type="text" value="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	<input type="text" value="3400"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
9. PM Snack	<input type="text" value="2840"/>	<input type="text" value="0"/>	<input type="text" value="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

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

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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.

Claim Reimbursement for July 2016

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					
<input type="checkbox"/> 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.					

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[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.

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[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	

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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	

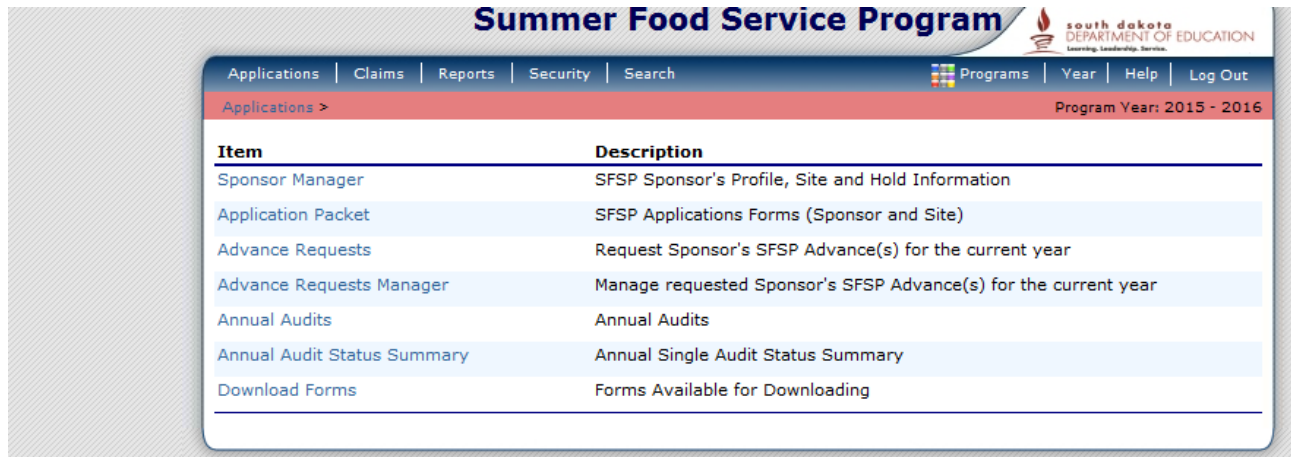
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Submit For Payment

Upload Data

Advance Payment Steps

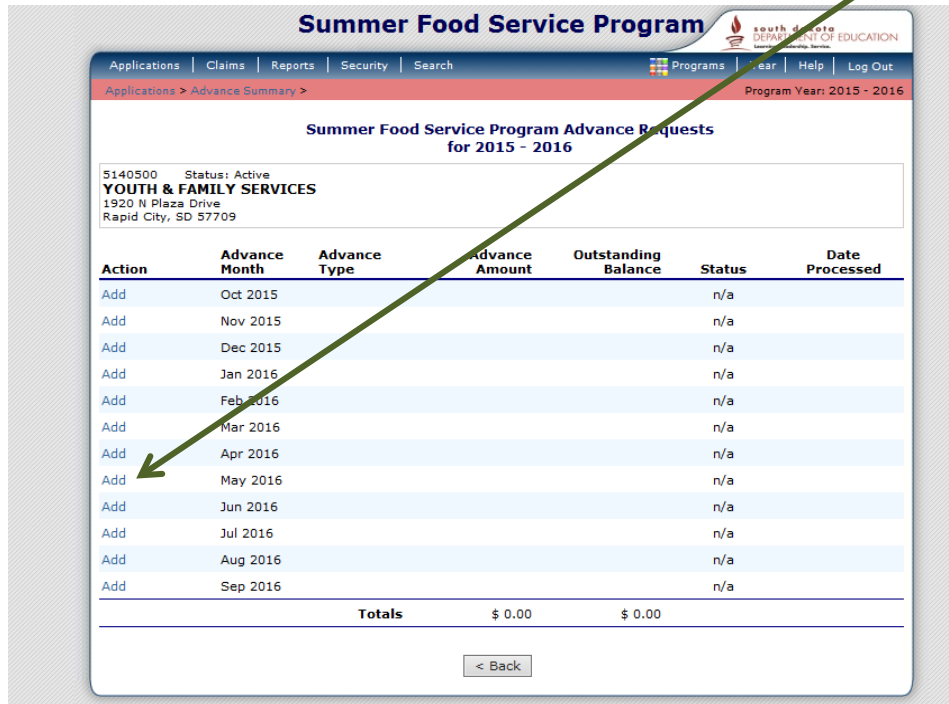
- Advance Request is located under the Applications, Advance Requests



The screenshot shows the 'Summer Food Service Program' web application. The header includes the program name and the South Dakota Department of Education logo. A navigation bar contains links for Applications, Claims, Reports, Security, Search, Programs, Year, Help, and Log Out. Below the navigation bar, a red banner displays 'Applications >' and 'Program Year: 2015 - 2016'. The main content area features a table with two columns: 'Item' and 'Description'.

Item	Description
Sponsor Manager	SFSP Sponsor's Profile, Site and Hold Information
Application Packet	SFSP Applications Forms (Sponsor and Site)
Advance Requests	Request Sponsor's SFSP Advance(s) for the current year
Advance Requests Manager	Manage requested Sponsor's SFSP Advance(s) for the current year
Annual Audits	Annual Audits
Annual Audit Status Summary	Annual Single Audit Status Summary
Download Forms	Forms Available for Downloading

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



Summer Food Service Program

Applications | Claims | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > Advance Summary > Program Year: 2015 - 2016

Summer Food Service Program Advance Requests for 2015 - 2016

5140500 Status: Active
YOUTH & FAMILY SERVICES
1920 N Plaza Drive
Rapid City, SD 57709

Action	Advance Month	Advance Type	Advance Amount	Outstanding Balance	Status	Date Processed
Add	Oct 2015				n/a	
Add	Nov 2015				n/a	
Add	Dec 2015				n/a	
Add	Jan 2016				n/a	
Add	Feb 2016				n/a	
Add	Mar 2016				n/a	
Add	Apr 2016				n/a	
Add	May 2016				n/a	
Add	Jun 2016				n/a	
Add	Jul 2016				n/a	
Add	Aug 2016				n/a	
Add	Sep 2016				n/a	
Totals			\$ 0.00	\$ 0.00		

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- 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



The screenshot shows a web form for requesting details. It includes two checkboxes for 'Operating' and 'Administrative' requests. Below these is a text area labeled 'Justification/Amount Requested:'. Further down is a checkbox for a disclaimer about advance payments. At the bottom, there is a timestamp 'Created By: jackiemattheis on: 3/20/2017 9:53:13 AM' and two buttons, 'Save' (in red) and 'Cancel'.

☐ Operating
☐ Administrative

Justification/Amount Requested:

☐ 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

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

The Advance Detail has been saved.

< Edit

Finish

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 each program year

- Audit Requirement form will be emailed to you directly
- Complete the form and email back to Jackie
- Important information to include is all federal funding received, please include this fiscal year of federal funds that you will receive in SFSP program

Non Federal Entity – Is where most will fall under, Non profits, for profits

Includes all federal fund, including what you are receiving under the Summer Foods Program.

Audit Requirement Form

Name of Local Agency (Entity): _____

Local Agency Number for Child & Adult Nutrition Services _____

1) What type of entity? (Choose one)

☐ South Dakota Public School District. Continue to complete this form.

☐ Non-federal entity other than public district and is required to submit audit and financial information. Continue to complete this form.

☐ Federal entity and as such is exempt from submitting an audit report. Skip to signature section and submit this form.

2) What level of federal funds did your entity expend? (Choose one)

☐ Expended less than \$750,000 in federal financial assistance in the most recently completed fiscal year. Entity is not subject to the Single Audit Requirements of 2 CFR Part 200. Records will be kept on file. Skip to signature section and submit this form.

☐ Expended more than \$750,000 in federal financial assistance in the recent fiscal year. Continue completing this form, please go to Question 3.

3) What are the sources of the federal funds and what type of audit is required? (Choose one)

☐ Federal funds are from a variety of sources. We will submit a single audit.

☐ All federal funds are USDA Food Distribution and/or Child Nutrition Program funds.

We will submit (check one) ☐ Single audit ☐ Program-specific audit

4) What are the dates of your entity's fiscal year?

a) Our fiscal year is _____, 20____ to _____, 20____

5) When was the last audit submitted? (Answer "a" or "b")

Only check this box if you are consider BIE, you may receive funds from the BIE but still not be considered exempt, there is a Tribal Directory that list Tribes that are considered Grant School or BIE, Grant Schools need to complete the audit form and turn in an Audit if over the \$750,00.00

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 an 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

Claim Due Dates

Claim Month	Due Date	(60 days) Final Deadline
July 2018	Aug 10, 2018	Sept 29, 2018
August 2018	Sept 10, 2018	Oct 30, 2018
September 2018	Oct 10, 2018	Nov 29, 2018
October 2018	Nov 10, 2018	Dec 31, 2018
November 2018	Dec 10, 2018	Jan 29, 2019
December 2018	Jan 10, 2019	Mar 1, 2019 **
January 2019	Feb 10, 2019	April 1, 2019**
February 2019	Mar 10, 2019	April 29, 2019
March 2019	April 10, 2019	May 30, 2019
April 2019	May 10, 2019	July 01, 2019
May 2019	June 10, 2019	July 30, 2019
June 2019	July 10, 2019	Aug 29, 2019

**during a leap year, the due date is one day earlier