COLORADO
Department of Education

Summer Food Service Program Claim Instructions
In the Colorado Nutrition Portal

When to Submit a Claim

Submit Summer Food Service Program reimbursement claims monthly. Claims for reimbursement must be submitted within 60 calendar days following the close of the claiming month.

Access the Colorado Nutrition Portal

Enter claim into the [Colorado Nutrition Portal]

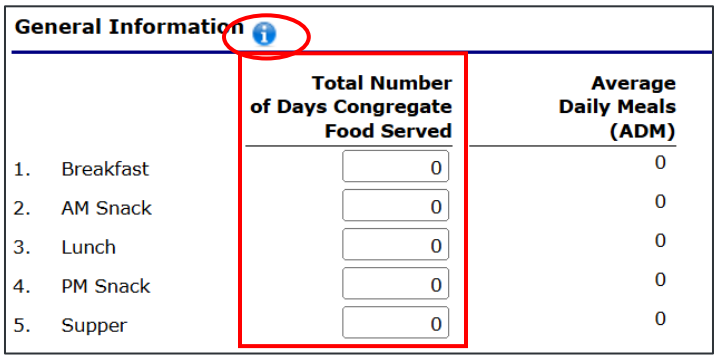
- Log in using your username and password
- Click on '**Claims**' on the blue ribbon and then click on '**Claim-SFSP**.'



- Select the month for which you will be submitting a claim.
- Once you click on the claim month, select '**Add Original Claim**.'



- The claim site list will populate. Click '**Add**' next to the site for which you are entering a claim.
- Provide the **total number of days congregate food is served** for the approved meals being served at this site (questions 1-5). Information on non-congregate meal days will be recorded in the non-congregate section of the claim.
    - **Tip:** Click the blue information icon for help completing the claim



- Provide the **number of first meals served** and the **number of second meals served** for approved meals served at this site.
  - Second meals cannot be claimed for reimbursement when using non-congregate service.
  - Complete questions **6-10 for Self-Prep and/or Vended-Rural Meals**; complete questions **11-15 for Vended-Urban Meals**.
  - Complete 6-10 OR 11-15 only, depending on the meal preparation type listed in the site application.

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

Report only meals meeting the requirement on the agreement. Include both Congregate and Non-Congregate meals served.

		First Meals Served	Second Meals Served
6.	Breakfast	500	0
7.	AM Snack	0	0
8.	Lunch	500	0
9.	PM Snack	0	0
10.	Supper	0	0

Vended-Urban Meals Served to Children

Report only meals meeting the requirement on the agreement. Include both Congregate and Non-Congregate meals served.

		First Meals Served	Second Meals Served
11.	Breakfast	0	0
12.	AM Snack	0	0
13.	Lunch	0	0
14.	PM Snack	0	0
15.	Supper	0	0

Notes:

- **Include both congregate and non-congregate meals in questions 6-10 or 11-15.**
- If you receive an error regarding ADM, revise the site application with the correct ADM and resubmit it for approval.
- A limited number of second meals served as a unit at congregate sites can be claimed for reimbursement, as long as the total number of second meals does not exceed two percent of first meals served by the sponsor, for all sites, during the claiming period. **You may enter the total number of second meals, and the system will calculate the two percent on the summary screen.**

Rural non-congregate meal service

- Sites providing rural non-congregate meals must also complete the Rural Non-Congregate Meal Service section located at the bottom of the claim. Meal counts will populate based on questions 6-10 or 11-15 and may be edited as needed.
  - Sites serving both congregate and non-congregate meals will edit the populated numbers **to only include non-congregate meals.**

Rural Non-Congregate Meal Service

Of the meals entered above for reimbursement, report data in this section pursuant to the provisions of Rural Non-Congregate Meal Service. Data entered here will not impact reimbursement. All values should be the 'total' values for the claiming period.

		Number of Non-Congregate Meals Served	Number of Days Non-Congregate Meals were Distributed	Number of Days Non-Congregate Meals were Provided
1.	Breakfast	500	0	0
2.	AM Snack	0	0	0
3.	Lunch	500	0	0
4.	PM Snack	0	0	0
5.	Supper	0	0	0

- Claim reimbursement will be determined based on the number of meals entered in questions 6-10 or 11-15. This non-congregate section must be completed for required reporting purposes.
- **Number of Days Non-Congregate Meals were Distributed:** Enter the total number of days that meals were distributed for non-congregate meal service during the claiming period.
    - For example, if you distributed non-congregate meals on Tuesdays and Fridays and there were 4 Tuesdays and 5 Fridays in the claiming period, you would enter 9.
- **Number of Days Non-Congregate Meals were Provided:** Enter the total number of days that non-congregate meals were provided during the claiming period. This is the number of days meals were distributed and the number of days of intended meal consumption.
    - For example, if you distributed 5 days' worth of meals each Monday and there were 4 full weeks within that claiming period, you would enter 20.
    - Please only include days meals were distributed and days meals were provided that fall within that calendar month/claim period.

Excessive Heat or Poor Air Quality Waiver

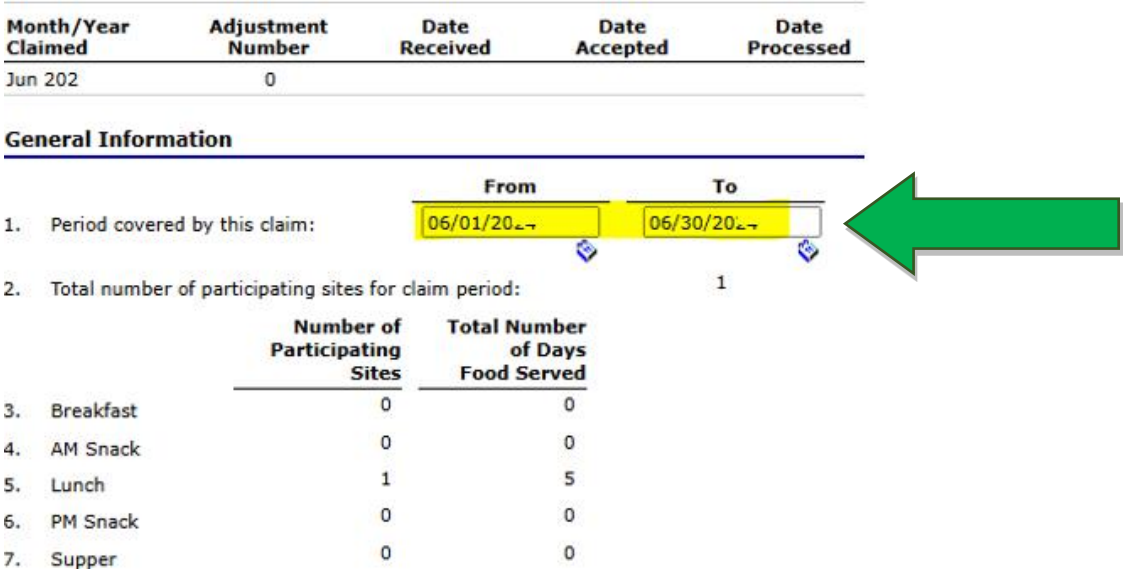
- This section of the claim will not populate unless the site has been approved by CDE School Nutrition to provide non-congregate meals due to excessive heat or poor air quality under USDA waivers. Please contact your Point of Contact for additional information.

At the bottom of the claim page, click the red '**Save**' button. Then click '**Finish**.' The claim site list screen will be shown. Enter in all claims for all sites claiming for the month selected.

Notes:

- **Warnings**: It is possible that warnings will pop up; please review these to ensure your claim is correct; claims can be submitted with warnings.
- **Errors**: It is possible that errors will pop up; please review these to ensure your claim is correct; claims cannot be submitted with errors. **Tip**: The total number of days food is served/distributed and provided must align with the calendar in the site application. ADM must be less than what is in the approved site application.
- Once all claims have been entered, click the red '**Continue**' button.
- The Claim for Reimbursement—Sponsor Information screen will populate.
- **It is important to adjust question 1: Period covered by this claim**. The '**From**' date is the first day the claim covers, and the '**To**' date is the last day the claim covers.
    - This step is also what allows a claim to be combined with another month, provided that one of the month's operating days is ten or less.
- Click the red '**Continue**' button.

- Click the red '**Continue**' button.



Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed
Jun 202	0			

General Information

		From	To
1.	Period covered by this claim:	06/01/20	06/30/20
2.	Total number of participating sites for claim period:		1

		Number of Participating Sites	Total Number of Days Food Served
3.	Breakfast	0	0
4.	AM Snack	0	0
5.	Lunch	1	5
6.	PM Snack	0	0
7.	Supper	0	0

- Next, the Claim for Reimbursement Summary screen will populate. This summarizes the total amount earned for reimbursement. Please check this screen for accuracy.
- Click the Certification box and then click on the red "Submit for Payment' button. A page will come up thanking you for submitting your claim. Click '**Finished**.' The Claim Year Summary Screen under Claim Status will show 'Accepted,' and the Date Received column will be populated for the month.
    - Please note, your claim must be in 'Accepted'
- To expedite the receipt of payment, please submit your claim as early as possible after the claim month is over.

This institution is an equal opportunity provider.