

September 2015



Nevada Department of Agriculture

Food and Nutrition Division

**CNP SYSTEM INSTRUCTIONS
WITH VERIFICATION SYSTEM INSTRUCTIONS**

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INTRODUCTION

Welcome to the Nevada CNP system!



The Child Nutrition Program (CNP) system is a web-based sponsor application and claim processing system which has been designed to streamline the application and claim reimbursement process. It is anticipated that the system will provide valuable, real-time data for both sponsors and Food and Nutrition in making decisions that impact the healthy nutrition of Nevada's children.

To access the Child Nutrition Program (CNP) online reimbursement system, new and prospective sponsors must contact the Nevada Department of Agriculture, Food and Nutrition Division Help Desk to establish a sponsor profile.

- Help Desk Contact - 775-353-3758
702-668-4585

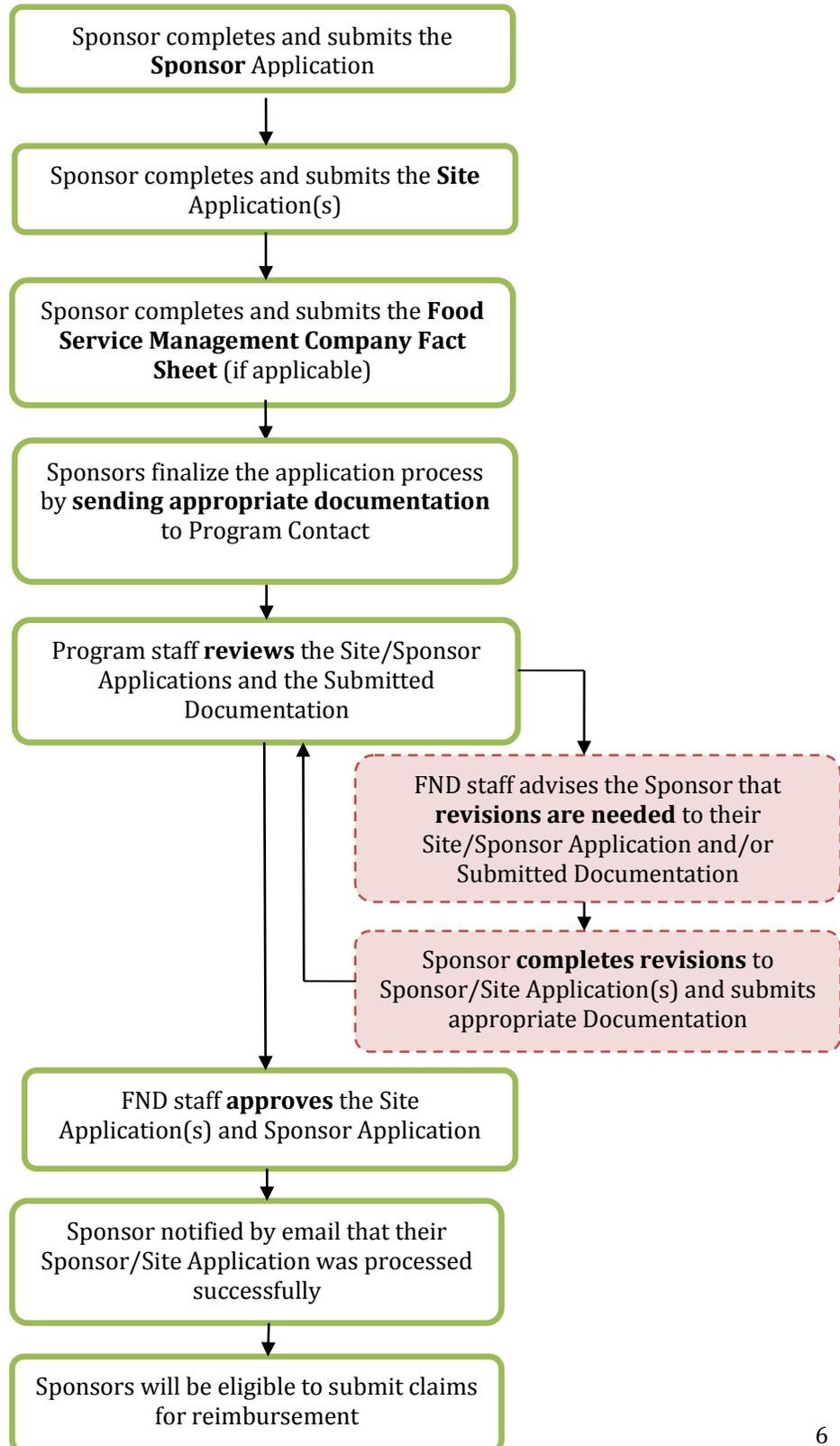
The help desk will assist sponsors in troubleshooting issues with the CNP System by either answering the questions or directing the sponsor to program staff who can assist them.

CNP System Instructions

Applications

CNP Process Flow Chart

Applications



ACCESSING THE CNP SYSTEM

To request a **USER PROFILE**, complete the User Profile Application and email the form to ssabo@agri.nv.gov. To receive the form, call (775) 353-3758.

The sponsor profile develops the chronologic history of the program on the CNP software system. This includes a sponsor application, site applications for each feeding site or milk program type, and a food service management company profile, if required.

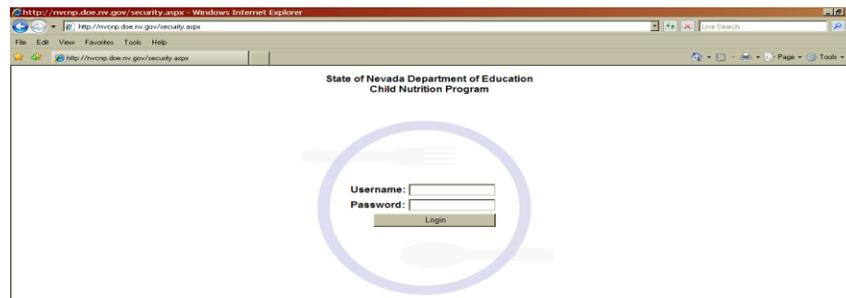
SIGN ON

1. Once a sponsor has obtained a **USER ID** and **PASSWORD** from FND, the sponsor can access the CNP software at: <http://nvcnp.doe.nv.gov/>
2. It is recommended that you use **Internet Explorer** only. Program standards were written to accommodate Internet Explorer only, and other browsers may have unresolved display errors.

Click > **Login**

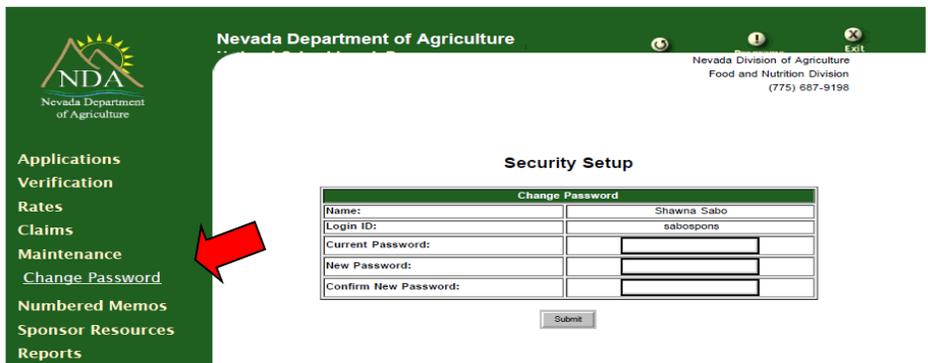


3. The following screen will appear, requesting the **USER ID** and **Temporary PASSWORD** provided by FND.
 - The password must be changed once you access the program.



CHANGING YOUR PASSWORD

1. From the side bar menu click on Maintenance.
2. Click on the link to **Change Password** and the following screen will appear:



3. Enter the “Current Password.” If this is the first time you are changing your password then the password will be the one that NDA gave you.

If you have forgotten your password, then contact the Administrator of the CNP system.

CNP Administrators	775-353-3758
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The password you choose **MUST** conform to NDA standards for password complexity.

The password must contain:

1. 6-20 characters
 2. at least one special character
 3. at least one capitalized letter
 4. at least one number
4. Click once on **Submit**.
A message box will appear which confirms your password has been successfully changed. Click once on “Finish” to return to the home page.

Special Note: Under no circumstances should the user ID and complex password be shared with another individual.

- The program records entries to all applications and claims by the User ID.
- CNP access will allow users to view their individual program data only.

The person who holds the User ID is legally responsible for any changes made under his/her User ID

HOW TO READ THE ONLINE SCREEN

Explanation of the Menu Items

- Menu: At the top Right corner of the Home Page, the menu choices are Program Home, Programs, and Exit.



Program Home	Returns to the Program Home Page
Programs	Returns to the CNP Home Page
Exit	Exits the program

- Side Bar Menu: On the left side of the web page, there is a side bar menu. The menu choices are **Applications, Verification, Rates, Claims, Maintenance, Numbered Memos, Sponsors Resources, and Reports.**

Applications	Contains link to <ul style="list-style-type: none"> • Sponsor Application • Sponsor Information
Verification	This link provides access to the verification summary report. <ul style="list-style-type: none"> • Sponsor Verification.
Rates	Contains a link to <ul style="list-style-type: none"> • View Reimbursement Rates
Claims	Contains links to <ul style="list-style-type: none"> • Claim Entry • Claim Inquiry • Payment Summary
Maintenance	Contains a link to <ul style="list-style-type: none"> • Change Password
Numbered Memos	Contains link to <ul style="list-style-type: none"> • Numbered Memos
Sponsors Resources	Contains links to <ul style="list-style-type: none"> • NSLP • RCCI • SMP
Reports	Contains link to <ul style="list-style-type: none"> • NSLP Reports

SPONSOR APPLICATION

1. Choose > **APPLICATIONS**



2. Choose > **SPONSOR APPLICATION**



3. Select the **appropriate school year** by clicking the small arrow



4. Choose > **Select** to access Information.

5. Choose > Go Sponsor Application

Sponsor Information

Sponsor			
Sponsor Name		Agreement Number	School Year
PYRAMID LAKE JR./SR. HIGH SCHOOL		N-25273-13	2015 - 2016
Application Packet			
	Sponsor Application	Not Approved	No Errors
	Site Information	1 Approved Site(s)	
	Racial and Ethnic / Site Reviews / Health Inspections / Civil Rights		
	Food Service Management Company Contract Fact Sheet		
	Child Nutrition Financial Report		
	Form Download		
	Transaction History Report		

5. Enter Sponsor **Demographic Information** for the sponsor, program contact, claim contact, contact personnel, and Hearing Officer for Free/Reduced applications.

- a. Read each question and answer completely, only if the activity is performed within the district.
- b. Sponsor Application **MUST** be completed first.
 - i. The data will roll to each new school year, eliminating the need to repopulate some of the data annually.
 - ii. Complete the application completely before leaving the screen as the data does not hold and will have to be re-entered.
 - iii. There is a save button, be sure to save in the middle of the application because the system times out after a few minutes and all information will be lost.

6. Purchase and Sell Information

- a. Click> **Yes, No** or **N/A** for each indicated area.
The following three questions are required regarding the purchasing or selling of food.

Purchase and Sell Information	
Do you purchase any of the following services?	
<small>Mail contract with original signatures and one copy to NDE. Note: Do not complete if you are an LEA furnishing meals to another LEA.</small>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Food Service Management Company Services Company Name: ARAMARK
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	Do you receive meals/snacks from another sponsor? If yes, School Name: <input type="text"/> Agreement Number: None
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	Do you sell meals/snacks? (LEA to LEA) If yes, enter the number of sponsors to whom meals are sold <input type="text"/> If yes, enter the names of the sponsors to whom meals are sold <input type="text"/>

7. Qualifying Information

- a. Click> **Yes, No** or **N/A** for each indicated area.
 - i. Indicate Yes if you use a Meal Benefit Application for Free and Reduced Price Meal qualification.
 - 1. If the sponsor is not utilizing the meal benefit application provided by the State Agency or USDA, then a copy of the sponsor meal benefit application must be submitted to the FND for approval.
 - 2. RCCI's indicate N/A in this area since no application is used.
 - ii. Indicate Yes if you use a Parent Letter Template for Free and Reduced Price Meal qualification provided by the State Agency or USDA.
 - 1. If the sponsor is not utilizing the parent letter provided by the State Agency or USDA, then a copy of the sponsor parent letter must be submitted to FND for approval.

Qualifying Information	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Do you use the NDA or USDA Meal Benefit Application for Free and Reduced Price Meals? If no, submit a copy of the form that will be used for NDA approval prior to use.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Do you use the Letter to Parent as furnished by NDA or USDA? If no, submit a copy of the form that will be used for NDA approval prior to use.

8. Menu Information

- a. Indicate if sponsor has software for nutrient analysis by computer.
- b. Indicate the Menu Service type (Onsite preparation, satellite preparation, etc.)
- c. Indicate if Offer vs. Serve is implemented at breakfast.
- d. Indicate which grades participate in Offer vs. Serve.
- e. Indicate if Offer vs. Serve is implemented at Lunch.
- f. Indicated which grades participate in Offer vs. Serve.

Menu Information	
<input type="radio"/> Yes <input checked="" type="radio"/> No	Does sponsor do nutrient analysis of own menus by computer? If yes, specify the software: <input style="width: 100%;" type="text"/>
Service Type:	<input style="width: 100%;" type="text" value="On Site Preparation"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will Offer versus Serve be implemented for breakfast?
If yes, which grade(s)	<input style="width: 100%;" type="text" value="7 - 12"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will Offer versus Serve be implemented for lunch?
If yes, which grade(s)	<input style="width: 100%;" type="text" value="7 - 12"/>

9. Meal Pricing Information

- Enter the established daily meal charges for each of the indicated meals at the indicated age/grade levels.
- Indicate if adult meal prices are a la carte.

Meal Pricing Information					
Established daily charges					
Maximum Reduced Lunch		\$0.40			
Maximum Reduced Breakfast		\$0.30			
Maximum Reduced Snack		\$0.15			
Meal	Children				Adult
	High Schools	Middle/Jr. High Schools	Elem. Schools	Reduced	
Breakfast	1.50	1.50	0.00	0.30	1.50
Lunch	2.00	2.00	0.00	0.40	2.00
Afterschool Snacks	0.00	0.00	0.00	0.00	0.00
If no adult meal price, are adult charges a la carte?					
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	Lunch	<input type="checkbox"/>	Snack

10. Special Milk Program Information

- Indicate which milk program you participate in. **Sponsors with more than one type of student population must indicate the different levels of participation by reporting multiple sites. (Daycare, Kindergarten, etc.)**
 - If you participate in a pricing program, enter the charge for milk (by 8 ounce or half-pint portion)
 - Pricing programs in Nevada must utilize the worksheet in Form Download of the CNP system titled "Establishing The Cost of Milk" to determine that the margin is within the specified range.
 - Form Download is located in Sponsor Information and can be accessed by:
 - Choose > Applications
 - Choose > Sponsor Information
 - Click > Download Form

Special Milk Program Information	
<input type="checkbox"/>	Pricing Program with No Free Milk Option: Milk is sold to all children participating in this program. Charge for milk is: <input type="text"/>
<input type="checkbox"/>	Pricing Program with Free Milk Option: Milk is provided free to those children who qualify for free milk based on family income as reported on their Application for Free Milk. Milk is sold to other children participating in the program. Charge for milk is: <input type="text"/>
<input type="checkbox"/>	Non-Pricing Program: Milk is provided free of charge to all children participating in the program. Free milk applications are not collected.
<input type="checkbox"/>	Non-Pricing Program: Milk is provided free of charge to all children participating in the program. Free milk applications are collected.

11. Miscellaneous Questions

Miscellaneous Questions	
What was the Attendance Factor (all sites combined) for prior school year?	<input type="text" value="92.4"/> %
How many of your buildings/sites do not participate in the NSLP?	<input type="text"/>
Indicate the type of sponsor: (Check One) <input type="radio"/> A. Public School <input checked="" type="radio"/> B. Private School* <input type="radio"/> C. Public Residential Child Care Institution (RCCI) <input type="radio"/> D. Private Residential Child Care Institution (RCCI)* <input type="radio"/> E. *Nonresidential Child Care Institution (SMP only)* <input type="radio"/> F. Summer Camp (SMP only)* Check if B is a Boarding School: <input type="checkbox"/> Does C or D have day students? <input type="radio"/> Yes <input type="radio"/> No	* If you are not a public school or a public RCCI, are you exempt from Federal Tax under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended? <input checked="" type="radio"/> Yes <input type="radio"/> No

- a. Indicate the attendance factor that the district chooses to utilize. You have the option of using the national average or a district derived formula that incorporates all sites combined.
- b. If you are a school district, indicate the number of buildings/sites from the Nevada Department of Education school list that do not participate in NSLP.
- c. Indicate the type of sponsor and how your program is described.
 - i. SMP Programs that have multiple levels of care (Daycare, Kindergarten) should indicate - Selection E. - Nonresidential Child Care Institutions (SMP Only)
- d. If you are a private sponsor, indicate if you hold a Federal Tax Exemption under Section 501 (c) 3 of the Internal Revenue Code of 1954. A copy must be furnished to the State Agency if you are a new sponsor.

12. Operating Month Information

- a. Enter the number of OPERATING days the program has scheduled for each of the months indicated. DO NOT indicate the total number of days in the month unless you represent a residential program.

Operating Month Information											
Enter the actual operating days for each month.											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0	10	25	21	18	15	17	20	16	22	20	0

13. Estimated Meals

- a. **The Number of Sites** - is entered automatically after the completion of a site claim and the approval of the site by the program consultant. Program sponsors cannot enter data in this field, it is pulled from the sponsor application.
- b. **Projected Daily Number of Paid, Free, or Reduced** - Enter the number of ESTIMATED DAILY meals the program anticipates providing in each of the categories indicated.
 - i. Seamless meals are currently included within the lunch and breakfast counts as applicable.

- c. If you participate in SMP, YOU MUST enter a site claim for each program when providing multiple level programs (Daycare and Kindergarten). Kindergarten programs must report their usage at the “School/RCCI SMP” to comply with federal regulations. Daycare programs must report their usage at the “Daycare / Non-RCCI SMP” category.

Estimated Meals				
Meal Type	Number of Sites	Projected Daily Number of Paid	Projected Daily Number of Free	Projected Daily Number of Reduced
Lunch	7	856	8888	310
Regular Breakfast	1			
Severe Need Breakfast	6	129	410	127
Regular Afterschool Snack	1	8	6	1
Area Eligible Afterschool Snack	1		33	
School / RCCI SMP	1	55	27	
Summer Camp SMP	0			
Daycare / Non RCCI SMP	0			

14. Audits

- d. If the program is a Public school districts, educational service districts, public universities and colleges, cities, counties, other municipalities, for-profits or federal government agencies **Click > n/a**
- e. If the program expends greater than \$750,000, indicate the end of the most recently completed fiscal year. Submit a copy of the last A-133 audit as indicated.
- i. Sponsors who do not have a current A-133 audit when required are prohibited from participation in USDA Child Nutrition programs.

Audits
<p>Note: Public school districts, educational service districts, public universities and colleges, cities, counties, other municipalities, for-profits and federal government agencies are exempt from completing this section. Please indicate if this includes your organization by checking the box marked not applicable (n/a). Tribal organizations <u>must</u> complete this section.</p> <p><input type="checkbox"/> n/a</p>
<p>Enter the most recently completed fiscal year-end (e.g. 07/01/2014 through 06/30/2015, enter 06/30/2015)</p> <p>Month <input type="text" value="Jun"/> Day <input type="text" value="30"/> Year <input type="text" value="2014"/></p>
<p>Enter the total amount of federal funds expended during the most recently completed fiscal year, as stated above. Include all federal funds regardless of the source.(e.g., HHS, USDA, HUD, etc.)\$ <input type="text" value="3,130,851.00"/></p> <p>Federal regulations require that audits of nonprofit institutions including tribal organizations are to be conducted in accordance with Office of Management and Budget (OMB) Circular A-133.</p> <p>If your total amount of federal funds expended is \$500,000 or more:</p> <p>You must submit a copy of your most recent OMB Circular A-133 audit report to:</p> <p>Office of Fiscal Accountability Att. Chief Auditor 405 South 21st Street Sparks, NV 89431</p>

15. Submission of Data

- a. Proof your data to be sure that the information is correct.

CLICK > SUBMIT

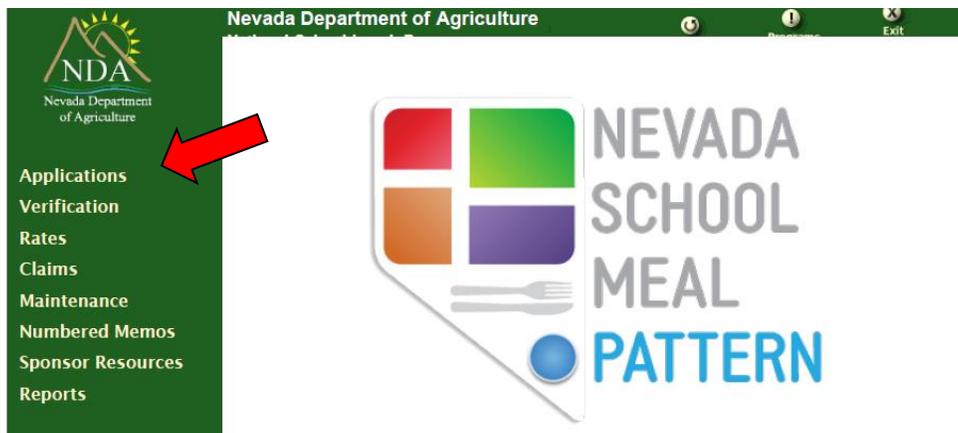
- b. Resolve any error messages - "A" error messages are warnings only
 - i. A list of error messages may be found in Appendix C.
 - ii. If you cannot resolve an error message, contact the help desk at (775) 353-3758.
 - iii. As this new software is initially implemented, you may encounter a situation not identified in testing. FND will attempt to resolve any conflicts as efficiently as possible. Thank you for your patience.

SITE APPLICATIONS

Sponsors must fill out a Site Application for each individual site once the Sponsor Application has been submitted.

- a. All claim information is attributed to each site through this function.
- b. Child care sites with licensed schools must register and report as multiple sites.

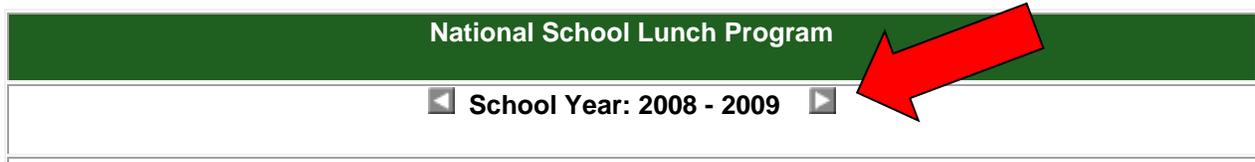
1. Choose > **APPLICATIONS**



2. Choose > **SPONSOR APPLICATION**



3. Select the **appropriate school year** by clicking the small arrow.



4. Choose > **SELECT**

5. Choose >  **SITE INFORMATION**

A screenshot of a table titled 'Application Packet'. The table has four columns. The first row contains a green 'GO!' icon, 'Sponsor Application', 'Approved Date: 01/29/2009', and 'No Errors'. The second row contains a green 'GO!' icon, 'Site Information', and two empty cells. A red arrow points to the 'GO!' icon in the first row.

Application Packet			
	Sponsor Application	Approved Date: 01/29/2009	No Errors
	Site Information		

SPECIAL NOTE: If a site is not listed, contact your program contact for the official school number.

- c. Access to the claims process for this site will be limited until the assigned program contact approves the site for participation
- d. Meals are not reimbursable until the date of approval
- e. Please allow at least 72 hours for this process to be completed

6. Choose > **ADD SITE**

7. Choose > **[Click here to enroll xxxx in the NSLP Program](#)** (xxxx is generic for the site name)

8. Enter Site **Demographic Information** as indicated.

- a. Read each question and answer completely.

- b. Some repetitive data self populates the Site Application from the Sponsor Application (Meal Service type - satellite, bulk, self-prep).
 - c. The data will roll to each new school year, eliminating the need to repopulate some of the data annually.
9. Indicate the nutrition programs for the **individual site participation**.
- a. Programs other than schools may not participate in both NSLP/SBP and SMP. (Special circumstances apply for schools.)
 - b. This number must match the total meals reimbursed for that period through the National School Lunch Program or approval will be denied.
 - c. Once you submit the site for approval, the severe Need or Regular Breakfast Rate will be automatically determined. You may not mark the reimbursement rate.
 - i. When the number exceeds 40% the higher rate qualifies.
 - d. Indicate the dates of operation for the listed programs within the SY for which you are applying. SY 2010 = July 1, 2009 through June 30, 2010.
 - i. Schools or programs who accept applications must indicate the approving official.
10. If your program chooses to participate in the **Afterschool Snack Program**
- a. Complete the information requested
 - b. To participate, the afterschool program must have children attending school
 - c. Snacks are reimbursable only on days school is in session
 - d. The afterschool program must have a structured, supervised recreational or educational activity as a component of the snack period.
 - e. List in detail the type of enrichment, activity, or educational activities provided. If additional space is needed, submit a schedule to the FND program contact.
 - i. Homework, free-time, cleaning the rooms, showers, etc. are not acceptable programs.
 - ii. Formal tutoring programs and Group treatment sessions are acceptable when structured and supervised with an interactive professional leader.
 - iii. Physical activities may not be free play. Activities must be structured and supervised.

Approving Official(s) for Free/Reduced Price Applications. Must be a school district employee.	
Name:	Millie Andrews and Mary Briggs
Title:	Nutrition Services Sup & Secretary

Afterschool Snack

Dates of operation
From To

After school activity times of operation
From To

Snack service time
From To

Estimated number of snacks to be served

Type of Programs
Describe or attach description:

Alternate Building number of the site used for determining area eligibility. If not this site.

Enrichment Activities Education Activities

11. Summer Programs for SCHOOLS ONLY

- a. Schools must indicate if they are providing active summer feeding sites and programs.

Schools Only For This Section

Check here if this site will sponsor any sort of academic, enrichment, and/or remedial program during the summer months.

Is the site located at the school site? Yes No N/A

If No, enter address:

and telephone number:

Schools Only For This Section

Check here if you extend your National School Lunch Program/School Breakfast Program for this site during the summer months, and enter the dates below.

Check here if you operate the seamless summer feeding program at this site, and enter the dates below.

N/A

Dates of operation during the summer months

Dates of operation

From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>
From	<input type="text"/>	To	<input type="text"/>

**Seamless Summer Only For This Section
(Must Select Seamless Summer Option Above)**

Does this site operate on a year-round school calendar? Yes No N/A

Organization to operate the site under SFA sponsorship

Percent of Free / Reduced enrollment eligibility for school meals (must be greater than 50%)

What menu planning approach are you using?

Eligibility was determined by which of the following:

School Data Census Block Group Data
 Applications Other N/A

If Other selected, explain how eligibility was determined.

How will meals be advertised to the community (indicate all that apply):

Fliers Posters Newspapers
Applications Other

Type of Site

Open Restricted Open Closed Enrollment
 Migrant Camp N/A

Days of the week in operation

Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

Select at least one but no more than two of the following (breakfast, lunch, and/or snacks)

Breakfast service times and number of daily meals	From <input type="text"/> To <input type="text"/>	Meals <input type="text"/>
Lunch service times and number of daily meals	From <input type="text"/> To <input type="text"/>	Meals <input type="text"/>
Snack service times and number of daily meals	From <input type="text"/> To <input type="text"/>	Meals <input type="text"/>

For Camp and Migrant Sites only

Supper service times and number of daily meals	From <input type="text"/> To <input type="text"/>	Meals <input type="text"/>
--	---	----------------------------

**Seamless Summer Restricted Open Sites Only For This Section
(Must Select Restricted Open Option Above)**

Why is the school restricting attendance at this site?

**Seamless Summer Camps Only For This Section
(Must Select Camp Option Above)**

Type of Camp Residential Non-Residential N/A

The camp will only claim reimbursement for children that are determined eligible for free / reduced price meals. Yes No N/A

Number of daily meals

Explain why the SFA is sponsoring the camp.

What is the organized program for participating children at a non-residential camp?

**Seamless Summer Closed Enrollment Sites Only For This Section
(Must Select Closed Enrollment Option Above)**

Identify data used to qualify this site (school or census data in eligible areas, income eligibility applications in other areas).

Explain why the SFA is sponsoring the closed site.

12. Miscellaneous Questions

- a. Indicate if weekend meals are provided.
- b. An Educational plan is required for SCHOOLS ONLY who provide weekend meals.
- c. Indicate the grade level for which services are provided at this feeding site.

Miscellaneous Questions													
<input checked="" type="radio"/> Yes <input type="radio"/> No		Does the sponsor claim meals on the weekend for this site?											
Submission of Educational Plan not required for RCCIs.													
Grade Level (check all that apply at this site)													
<input type="checkbox"/> PK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 12

13. Menu Planning Method

- a. This data self populates from the sponsor application. Check the data for accuracy to ensure that your site is adequately described. The sponsor is responsible for declaring the appropriate program features.
- b. Make any changes necessary.

Menu Planning Method	
Breakfast: <input type="checkbox"/> Traditional Food Based <input type="checkbox"/> Assisted NSMP <input checked="" type="checkbox"/> NSMP <input type="checkbox"/> Enhanced Food Based <input type="checkbox"/> Alternate Menu Planning Approach	<p style="color: red; text-align: center;">Notes for Menu Planning Method for Breakfast:</p> <p style="text-align: center;"><i>Alternate Menu Planning Approach: Reference 7 CFR 220.9 (h). Prior approval by NDE/CNS required. Contact your Program Consultant.</i></p>
Lunch: <input type="checkbox"/> Traditional Food Based <input type="checkbox"/> Assisted NSMP <input checked="" type="checkbox"/> NSMP <input type="checkbox"/> Minor Modification <input type="checkbox"/> Major Modification <input type="checkbox"/> Enhanced Food Based	<p style="color: red; text-align: center;">Notes for Food Based Menu Planning Only:</p> <p style="text-align: center;"><i>Minor Modification: Reference 7 CFR 210.10 (1)</i> <i>Major Modification: Reference 7 CFR 210.10 (1) Prior approval by NDE/CNS required. Contact your Program Consultant.</i> <i>If you are selecting Major or Minor Modification, you are selecting an Alternate Menu Planning Approach, which is for Food Based Menu Planning Options only.</i></p>
Service Type:	Bulk Satellite
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will Offer versus Serve be implemented for breakfast?
If yes, which grade(s)	K-5
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will Offer versus Serve be implemented for lunch?
If yes, which grade(s)	K-5

14. Counting Procedures

- a. This data self populates from the sponsor application. Check the data for accuracy to ensure the site is adequately described. The sponsor representative is responsible for declaring the appropriate program features.
- b. Indicate the method Breakfast and Lunch reimbursable meals are counted. Each sponsor is responsible to ensure that each meal is counted as it is handed to the child. Census or Attendance logs may not be used in lieu of counting each reimbursable meal as it is served.
 - i. Staff members taking these counts are responsible for knowing the components of a reimbursable meal and determining if a meal should be counted.
 - ii. If an adult at the end of the line is NOT checking for the reimbursement status of the meal, Sponsors must declare the method for approval, or the meals will NOT be reimbursable.
 - iii. Computer system counts are only acceptable if each child is accounted for as the reimbursable meal is served.

Counting Procedures	
At the point of service, Breakfasts are counted by:	Computer
If Other, please explain:	
An adult at the end of the line verifies that the meal is complete.	
If Other, Please explain:	
At the point of service, Lunches and Milk (Special Milk Program Milk Only) are counted by:	Computer
If Other, please explain:	
An adult at the end of the line verifies that the meal is complete.	
If Other, Please explain:	
At the point of service, Afterschool Snacks are counted by:	
If Other, please explain:	
An adult at the end of the line verifies that the meal is complete.	
If Other, Please explain:	

15. Collection Procedures

- a. Indicate how payment is collected for each reimbursable event listed. If *other* is indicated, an explanation may be required.

Collection Procedures	
For Breakfast Programs, which ticket/token/computer system distribution and money collection method do you use:	Other <input type="button" value="v"/>
If Other, please explain:	Nutrikids: Pay Cash in Line
For Lunch and School Milk Programs, which ticket/token/computer system distribution and money collection method do you use:	Other <input type="button" value="v"/>
If Other, please explain:	Nutrikids: Pay Cash in line
For Afterschool Snack Programs, which ticket/token/computer system distribution and money collection method do you use:	<input type="button" value="v"/>
If Other, please explain:	
RCCIs Only	
Private / Public Group RCCI - Group Foster Care License Expiration Date: <input type="text"/>	
Note: A copy of the Certificate of Compliance must be sent to NDE.	

16. Private residential child care institution licenses

- Non-governmental sponsors are required to license under child care regulations in Nevada and must submit a copy of their child care license.
- To participate in these programs, the licenses must be current.
- Reimbursement caps are derived from these licenses.

17. Provisions 1, 2, 3 and CEP

- Provisions 1, 2, 3 and CEP are special claiming options available to school lunch and breakfast program sponsors with high percentages of students qualifying for free/reduced price meals. If the sponsor has not previously participated in a special provision and is interested, contact NDA for further information.
- If your site has been approved for Provision participation, indicate the approval and base year for the approval.

Provisions				
Provision 1	Provision 2	Provision 3	Community Eligibility Provision	Provision Base Year
<input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> CEP	
Provisions 1, 2 and 3 are special claiming options available to school lunch and breakfast program sponsors with high percentages of students qualifying for free/reduced price meals. If the sponsor has not previously participated in Provision 1, 2 or 3 And is interested, contact NDE for further information.				

18. Submission of Data

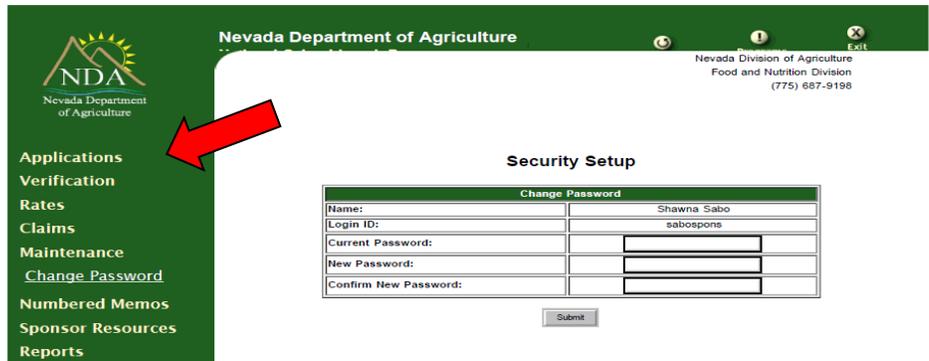
- Proof your data to be sure that the information is correct.

CLICK > **SUBMIT**

Food Service Management Company Fact Sheet

If you use a Food Service Management Company or purchase Vended Meals in your program, you must complete the fact sheet before proceeding.

1. Choose > **APPLICATIONS**



Nevada Department of Agriculture

Nevada Division of Agriculture
Food and Nutrition Division
(775) 687-9198

Security Setup

Change Password	
Name:	Shawna Sabo
Login ID:	sabospons
Current Password:	<input type="password"/>
New Password:	<input type="password"/>
Confirm New Password:	<input type="password"/>

Submit

2. Choose > **SPONSOR APPLICATION**



Applications

Sponsor Application

Sponsor Information

Verification

Rates

Claims

Maintenance

Numbered Memos

Sponsor Resources

Reports

3. Select the **appropriate school year** by clicking the small arrow.



National School Lunch Program

◀ School Year: 2008 - 2009 ▶

4. Choose > **SELECT**

16. Click >  **Food Service Management Company Contract Fact Sheet**

Sponsor		
Sponsor Name	Agreement Number	School Year
CHURCHILL COUNTY SCHOOL DISTRICT	M-102100-09	2008 - 2009
Application Packet		
	Sponsor Profile	
	Authorized Signatures	1 Authorized Signature(s)
	Sponsor Application	Approved Date: 03/13/2009
		No Errors
	Site Information	1 Approved Site(s)
	Food Service Management Company Contract Fact Sheet	
	Child Nutrition Financial Report	
	Form Download	
	Transaction History Report	
	Verification	No Errors



17. Fill in the requested information.

18. Click > **SUBMIT**

Revising a Sponsor/Site Application or Adding a New Site

During the agreement year, a sponsor may request to update, add, or change information on a sponsor/site application by contacting their FND staff by email. The email must include the name of the site(s) to be added or changed and the information that will be updated. The FND staff will review the request and notify the sponsor by email that the application(s) are ready to be updated and/or changed. Once the sponsor has made the updates/changes, the application must be re-submitted for approval, and an email sent to the consultant advising that the application has been submitted for approval.

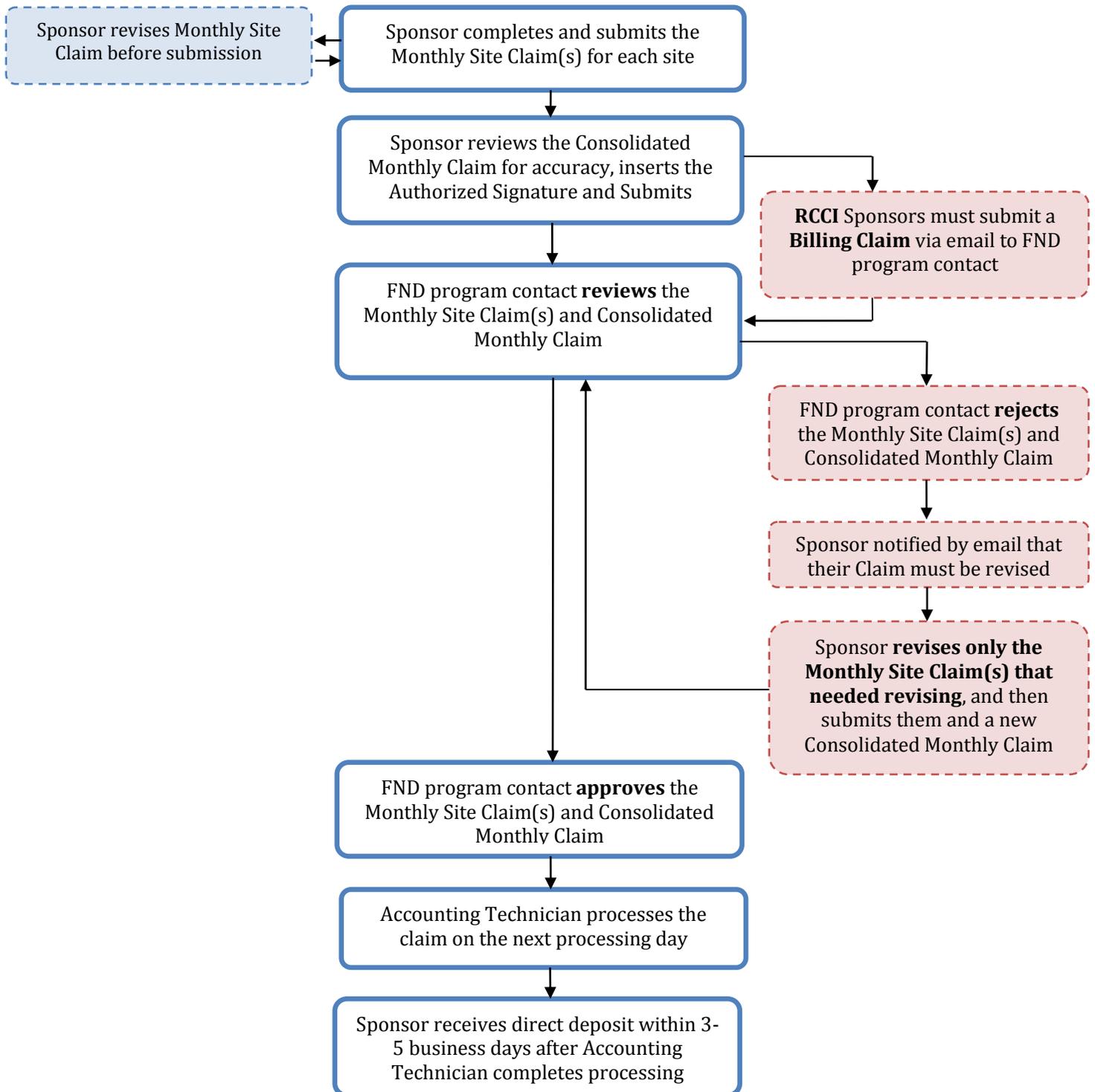
The FND staff will review the revised sponsor/site application. After the application has been approved, the sponsor will receive an automated notification email from the CNP system.

Please Note: All changes/updates on a sponsor/site application must be completed by the sponsor, and approved by the FND staff, before the sponsor will be able to submit a claim for reimbursement.

CNP System Instructions

Claims for Reimbursement & Revision

CNP Process Flow Chart Claims for Reimbursement



* Special Note: if Sponsors need to **Revise a Paid Claim**, contact the FND program contact to make arrangements

About Claims for Reimbursement

A separate claim must be submitted for each calendar month. Nevada Department of Agriculture requires sponsors to submit each month’s meal counts on a separate claim. This is due to the State’s accounting requirements to separate payments between fiscal years (June 30 marks the end of one year and July 1 the beginning of the next).

Federal regulation 7 CFR 225.15(c)(2) and 7 CFR 220.11(b) states that “All final claims must be submitted to the state agency within 60 days following the last day of the month covered by the claim.” The table below gives deadlines for submitting claims.

Month of Report	30-Day	60-Day	80-Day	90-Day
January	March 2+	April 1+	April 21+	May 1+
February	March 30	April 29	May 19	May 29
March	April 30	May 30	June 19	June 29
April	May 30	June 29	July 19	July 29
May	June 30	July 30	August 19	August 29
June	July 30	August 29	September 18	September 28
July	August 30	September 29	October 19	October 29
August	September 30	October 30	November 19	November 29
September	October 30	November 29	December 19	December 29
October	November 30	December 30	January 19	January 29
November	December 30	January 29	February 18	February 28
December	January 30	March 1+	March 21+	March 31+

Leap Year: Reports are due one day earlier

The 60-day deadline for submitting claims will be **strictly enforced**. Sponsors will be notified that they are out of compliance if they fail to submit claims within the 60-day deadline. Original claims submitted after the 60-day deadline may not be paid with federal funds unless the U.S. Department of Agriculture (USDA) determines the claim was late because of circumstances beyond the sponsor’s control or the sponsor exercises its one-time-in-36-months option. Requests for claim an exception need to be sent to your FND program contact.

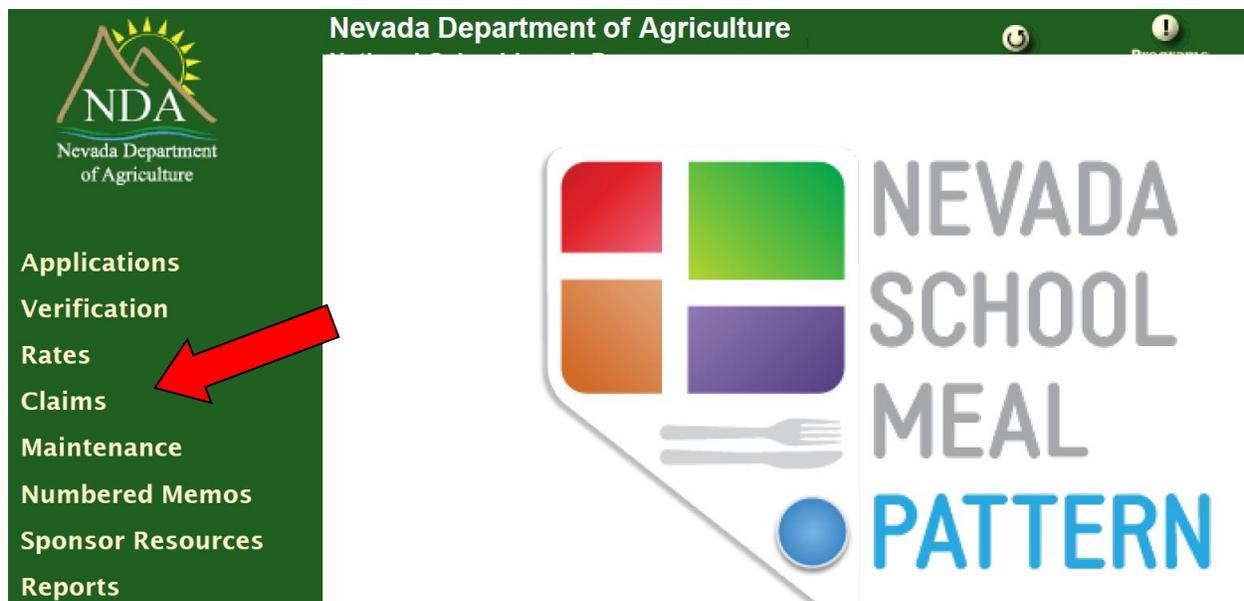
Adequate supporting documentation must be maintained by the sponsor. The sponsor must keep on file all documentation to support the activities of the program, including meal count records, receipts, invoices, other evidence of purchases, time sheets to support employee labor, and mileage logs to support mileage, if used for monitoring and/or transporting meals. The data must be available for review and/or audit. All claims and supporting documentation must be retained for a period of three (3) years after the end of the fiscal year to which they pertain.

Claims for Reimbursement

Filing Claims for Reimbursement is a **two-step process**. To complete the claim process, Sponsors must file a Monthly Site Claim, and then file a Consolidated Monthly Claim.

Step One - Monthly Site Claim

1. Click > **LOGIN**
2. **Sign in using your User ID and Password**
3. Choose > **CLAIMS**



4. Choose > **CLAIM ENTRY**



- Choose > the **Month** in the Monthly Site Claim column

School Lunch Claim(s)

Sponsor Information					
Sponsor Name			Agreement Number		
CARSON CITY SCHOOL DISTRICT			N-13-13		
Select a Claim Month					
School Year: 2013 - 2014					
Monthly Site Claim	Completed Claim	Revision Number	Claim Status	Month to Date	
				Earned Amount	Amount Paid
Jul 2013	Jul 2013	0	Paid	\$0.00	\$93,627.23
Aug 2013	Aug 2013	0	Paid	\$0.00	\$204,838.22
Sep 2013	Sep 2013	0	Paid	\$0.00	\$224,436.90
Oct 2013	Oct 2013	0	Paid	\$0.00	\$192,794.89
Nov 2013	Nov 2013	1	Approved	\$0.00	\$159,108.34
Dec 2013	Dec 2013	0	Paid	\$0.00	\$209,225.23
Jan 2014	Jan 2014	0	Paid	\$0.00	\$198,670.93
Feb 2014	Feb 2014	0	Paid	\$0.00	\$218,189.51
Mar 2014	Mar 2014	0	Paid	\$0.00	\$176,136.60
Apr 2014	Apr 2014	0	Paid	\$0.00	\$196,858.44
May 2014	May 2014	0	Paid	\$0.00	
Jun 2014	Jun 2014				

- Choose > **SITE**

Select Site for Monthly Claim

Sponsor					
Sponsor Name		Agreement Number		School Year	
CARSON CITY SCHOOL DISTRICT		N-13-13		2013 - 2014	
Site(s)					
Site	Saved	Submitted	Claim Date	Site Status	Site Approved
Bordewich Elementary School	None	None		Active	09/10/2013
Carson High School	None	None		Active	08/21/2013
Carson Middle School	None	None		Active	08/21/2013
Eagle Valley Middle School	None	None		Active	08/21/2013
Empire Elementary School	None	None		Active	10/01/2013
Fremont Elementary School	None	None		Active	08/21/2013

- Fill out the **Monthly Site Claim**.

The Sponsor Name, Site Name, and Agreement Number will be filled out automatically based upon information from your Sponsor Application.

The Month Claimed will also populate automatically because that was selected in the first step. PLEASE NOTE: The Claim for Reimbursement for any month includes only meals/milk served in that month EXCEPT if the first or last month of Program operations for any year contains **10 operating days or less**. In such an instance two months may be combined on the Claim for Reimbursement. [Example: August (5 operating days) combined with September (20 operating days)]. However, Claims for Reimbursement **may not** combine operations occurring in two fiscal years, (i.e. June and July or September and October).

Monthly Site Claim for Reimbursement
National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form						
Sponsor Name	Site Name		Agreement Number	Month Claimed		
CHURCHILL COUNTY SCHOOL DISTRICT	Churchill County High School		N-1-09	7/1/2008		
Submission Type:	Sponsor Claim	Received Date:	4/13/2009			
Authorized Signature:						

Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Eligible Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Program Information						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Days Meals or Milk Served						

Miscellaneous Information			
Adult Meals (earned and paid)	Breakfast	Lunch	Snack
Other Revenue Dollars (include a la carte and separate milk sales)			\$
Highest Number of Children Fed on Any Given Day (RCCI Only)			

Special Milk Program			
Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)		Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility	
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above)			
<small>I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7 CFR 210.9 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply. I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substantiate this claim. I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.</small>			
Created By: omberger	Created Date: 7/5/2011 9:05:57 AM	Modified By:	Modified Date:

Note: Please review this information before submitting this claim.
Click the Submit button to enter this claim.

8. Meals Served to Children:

- a. **Lunch** - Report all Paid, Free, and Reduced price lunches, served in the Claim month in the appropriate box.
- b. **Breakfast** – Determine if the site is approved as a regular breakfast site or a severe need breakfast site. Report meals in the approved category that were served in the Claim month.
- c. **Afterschool Snacks (Regular/Area Eligible)**
 - i. **Paid:** report all paid regular snacks served in the Claim Month in the appropriate box. *Area eligible snacks are all free snacks.*
 - ii. **Free:** report all free snacks in regular or area eligible programs that were served in the Claim Month in the appropriate box. (eligibility is determined by the Application for Free/Reduced Price Meals, current SY): Or report all free snacks at all sites that are located in area(s) of eligible schools (50 percent of the enrolled students are certified eligible for free or reduced price meals in the month of October). *Only snacks served on days in which your school is in session are reimbursable.*

iii. **Reduced:** report all regular reduced snacks served in the Claim Month in the appropriate box. *Area eligible snacks are all free snacks.*

d. **Afterschool Snacks (RCCI Only)** – Report all snacks served in RCCI settings as Regular – Free snacks. Note: *Only snacks served on days in which your school is in session are reimbursable.*

9. Eligible Children:

Special Note: RCCI's must ensure that they are entering the total number of children provided any services during the month. DO NOT ENTER AVERAGES OR THE HIGHEST NUMBER.

a. Lunch

- i. **Paid:** subtract approved free/reduced price numbers of children from the total number of children who have access to the National School Lunch Program in the appropriate box.
- ii. **Free and Reduced:** report the number of children approved free or reduced price lunch served in the Claim month in the appropriate box.

b. Breakfast

- i. **Paid:** subtract approved free/reduced price numbers of children from the total number of children who have access to regular School Breakfast and/or Severe Need Breakfast served in the Claim month in the appropriate box.
- ii. **Free and Reduced:** report the number of children approved for free or reduced price for regular or severe need breakfasts served in the Claim month in the appropriate box.

c. After School Snacks - Regular

- i. **Paid** - Subtract approved free/reduced price numbers of children from the total number of children who have access to the National School Lunch Program in the appropriate box.
- ii. **Free and Reduced** – report the number of children approved for free or reduced price snacks in the Claim month in the appropriate box.

d. After School Snacks – Area Eligible

- i. All children from area eligible schools are counted as free.

e. Special Milk

- i. **Paid:** report the number of all children who receive non-free milk during the Claim Month in the appropriate box.
- ii. **Free:** report the total number of applications that qualify for free milk at all sites in the appropriate box.
- iii. **Reduced:** do not fill out this field.

10. Program Information

a. Lunch, Breakfast, Afterschool Snacks, and Special Milk

- i. **Days Meals or Milk Served:** Indicate the highest number of days for program site in the Claim month that the NSLP, Regular School Breakfast, Severe Need Breakfast and Afterschool Care Snack Program were available to children. **RCCI – Count only the days a reimbursable**

snack was served. (Weekends, holidays, staff development days, and any other release days from schools are not eligible for reimbursement).

11. Miscellaneous Information

- a. **Highest Number of Children Fed on Any Given Day (RCCI Only):** this number cannot exceed the highest number of students served on any given day of the month.
- b. **Adult Meals (earned and paid):** optional at this time.
- c. **Other Revenue Dollars (include a la carte and separate milk sales):** optional at this time.

12. Special Milk Program

- a. **Number of ½ or 8 oz. pints of milk served in Pricing or Non-Pricing Programs (only complete if you entered a number in the Eligible Children Special Milk, Paid cell above):** report the number of half-pints or 8 ounce equivalents of milk served to children.
- b. **Number of ½ pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above):** report the number of half-pints of milk served to children during the Claim month at no charge. The free category is reserved for those sponsors who have collected Applications for Free Milk.
- c. **Average Milk Cost per ½ pint purchased (Round to four digits).** Only complete this if you have entered ½ pints of free milk based on income eligibility.

13. Click > **SUBMIT**

If an error occurred, review the error narratives in **Appendix C**.

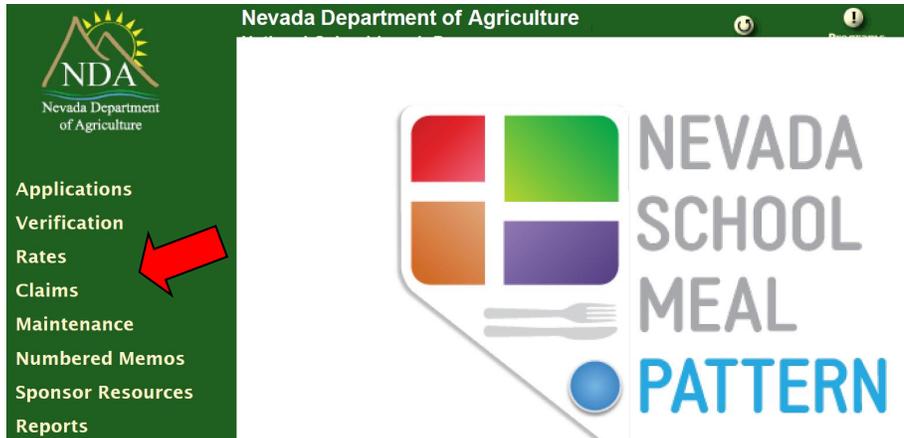
To correct errors, click the back button and correct the appropriate data on the claim form, then submit the claim again.

14. **Continue this step until ALL Monthly Site Claims have been submitted.** Then proceed to the second step of the claim process, which is filing a Consolidated Monthly Claim.

Step Two – Consolidated Monthly Claim

Sponsors must submit **ONE** Consolidated Monthly Claim to complete the claim for reimbursement process. The Consolidated Monthly Claim totals all Monthly Site Claims.

9. Click > **LOGIN**
10. Sign in using your **User ID and Password**
11. Choose > **CLAIMS**



12. Choose > **CLAIM ENTRY**



13. Choose the **Month** in the Consolidated Monthly Claim column

Sponsor Information					
Sponsor Name				Agreement Number	
CHURCHILL COUNTY SCHOOL DISTRICT				N-10-09	
Select a Claim Month					
School Year: 2008 - 2009					
Monthly Site Claim	Consolidated Monthly Claim	Revision Number	Claim Status	Month to Date	
				Earned Amount	Amount Paid
7/1/2008	7/1/2008				
8/1/2008	8/1/2008				

14. Choose > **ADD CLAIM**

School Lunch Claim(s)

Monthly Claim Form			
Sponsor Name	Agreement Number	Month Claimed	School Year
PYRAMID LAKE JR./SR. HIGH SCHOOL	N-25273-13	5/1/2015	2014 - 2015

Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action
No consolidated claims for this sponsor					

The Monthly Consolidated Claim screen will appear with all data fields automatically populated based on the information from the Monthly Site Claims that were submitted. **These fields cannot be accessed or modified from this screen.** Review the data for accuracy.

15. Insert > **AUTHORIZED SIGNATURE** from the drop down menu



Nevada Department of Agriculture

Nevada Division of Agriculture
Food and Nutrition Division
(775) 687-9198

Consolidated Monthly Claim Form for Reimbursement

National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form			
Sponsor Name	Agreement Number	Month Claimed	Revision No.
CARSON CITY SCHOOL DISTRICT	N-13-13	7/1/2013	0

Submission Type:	Sponsor Claim	Date:	2/20/2015
Authorized Signature:	<input style="width: 100%;" type="text"/>		

Meals Served to Children				
Lunch	Breakfast		Afterschool Snacks	
	Regular	Severe Need	Regular	Area Eligible

16. Click > **SUBMIT**

received, and that records are available to substantiate this claim.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.

Created By: sabospons	Created Date: 2/20/2015 12:57:35 PM	Modified By:	Modified Date:
-----------------------	-------------------------------------	--------------	----------------

Click the Submit button to enter this claim.

17. Click > **OK** on the Signature Certification

Claim Revisions

Sponsors may revise a monthly claim that has been submitted if the claim has NOT yet been approved by the FND program contact, and is within the program regulations for submitting a revised claim.

Sponsors who have NOT submitted a Consolidated Monthly Claim may make corrections to the Monthly Site Claim before completing the Consolidated Monthly Claim.

Revising a Monthly Site Claim

1. Login in to the CNP system
2. Click > **CLAIMS**
3. Choose > **CLAIMS ENTRY**



4. Choose > **MONTHLY SITE CLAIM** for the month being revised



Sponsor Name		Agreement Number			
PYRAMID LAKE JR./SR. HIGH SCHOOL		N-25273-13			
Select a Claim Month					
School Year: 2014 - 2015					
Monthly Site Claim	Consolidated Monthly Claim	Revision Number	Claim Status	Month to Date	
				Earned Amount	Amount Paid
Jul 2014	Jul 2014				
Aug 2014	Aug 2014	0	Paid	\$0.00	\$2,555.69
Sep 2014	Sep 2014	0	Paid	\$0.00	\$3,477.09
Oct 2014	Oct 2014	0	Paid	\$0.00	\$2,883.35
Nov 2014	Nov 2014	0	Paid	\$0.00	\$2,840.18
Dec 2014	Dec 2014	0	Paid	\$0.00	\$2,368.32
Jan 2015	Jan 2015	0	Paid	\$0.00	\$2,323.75
Feb 2015	Feb 2015	0	Paid	\$0.00	\$3,005.63
Mar 2015	Mar 2015	0	Paid	\$0.00	\$2,935.54
Apr 2015	Apr 2015	0	Paid	\$0.00	\$2,256.23
May 2015	May 2015	0	Pending Approval	\$3,051.11	\$0.00
Jun 2015	Jun 2015				
Year-to-Date Totals				\$3,051.11	\$24,645.78

- Choose > **Modify**

School Lunch Claim(s)

Monthly Claim Form					
Sponsor Name		Agreement Number	Month Claimed	School Year	
PYRAMID LAKE JR./SR. HIGH SCHOOL		N-25273-13	5/1/2015	2014 - 2015	
Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action
0	08/27/2015		\$3,051.11	Pending Approval	Modify Delete Recap



Make corrections to revise the claim as necessary

If additional sites need to be revised, follow steps 1-6 for each site needing correction

- Choose > **CONSOLIDATED MONTHLY CLAIM**

Sponsor Information				
Sponsor Name				
PYRAMID LAKE JR./SR. HIGH SCHOOL				
Select a Claim Month				
<input style="margin-right: 5px;" type="button" value=" < "/> School Year: 2014 - 2015 <input style="margin-left: 5px;" type="button" value=" > "/>				
Monthly Site Claim	Consolidated Monthly Claim	Revision Number	Claim Status	Earned
Jul 2014	Jul 2014			
Aug 2014	Aug 2014	0	Paid	
Sep 2014	Sep 2014	0	Paid	
Oct 2014	Oct 2014	0	Paid	
Nov 2014	Nov 2014	0	Paid	
Dec 2014	Dec 2014	0	Paid	
Jan 2015	Jan 2015	0	Paid	
Feb 2015	Feb 2015	0	Paid	
Mar 2015	Mar 2015	0	Paid	
Apr 2015	Apr 2015	0	Paid	
May 2015	May 2015	0	Pending Approval	
Jun 2015	Jun 2015			
Year-to-Date Totals				



7. Choose > **VIEW** for the month being revised

School Lunch Claim(s)

Monthly Claim Form					
Sponsor Name	Agreement Number	Month Claimed	School Year		
PYRAMID LAKE JR./SR. HIGH SCHOOL	N-25273-13	4/1/2015	2014 - 2015		
Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Revision
0	04/30/2015	05/14/2015	\$2,256.23	Paid	View <input type="button" value="Recap"/>

8. Check the consolidated claim for accuracy
9. Insert > **AUTHORIZED SIGNATURE** from the drop down menu
10. Choose > **SUBMIT**

Please Note: each time a revision is made to a Monthly Site Claim and a Consolidated Monthly Claim, the revision is tracked in the system. Revision numbers for both the Monthly Site Claim and the Consolidated Monthly Claim can be located in the upper right hand corner of the Monthly Site and Consolidated Monthly Claim forms.

Sponsors who have approved claims and have received their reimbursement must contact the FND program contact to make corrections to the claim. The sponsor must contact their assigned FND program contact by email and include the following information:

- Month to be revised
- Sites to be revised
- Reason for the revision

The FND staff will review the request and make necessary adjustments to allow for the revision. The sponsor will receive an email notification by the CNP system when the revised claim has been approved.

Special Notes about Claims

- **Modify or Delete a Claim:** When a claim status is indicated as “Pending Approval,” you have the option of being able to modify or delete the claim. You may go in and modify any of the information submitted on the claim if you find you have input errors. You can also delete the claim and start over. It is important to remember that when you delete a claim from this screen you are deleting all of your site information that you entered. If you have multiple sites, you might want to consider modifying not deleting.
- **Eligible Children:** enter the total number of first meals served to eligible children for breakfast, lunch, after school snack or special milk. Claim only those meal types that were approved in your application. Claims for reimbursement from residential camps must reflect only those meals served to eligible children.
- **Day’s meals or milk served:** enter the number of days for this claim period that each meal service was offered at this site. The number of operating days cannot exceed the number of operating days submitted in the site application.
- **Recap:** The Recap action shows you a summary of the claim and the payment you will receive.
- Once the status changes from “Pending Approval” to “Paid” you can no longer modify that month’s claim. You would follow the directions for submitting a Revised Claim for Reimbursement (page 36) to access the claim system. Once you reach the month/year screen, you will “add” a claim for that month even though a claim is already in the system. The claim will automatically come up as a “revision”.
- If you received the message “There were no errors on this claim” then your claim has passed all edits. You may now create another claim or view the summary of the claim just submitted. If completely done, you may exit the system by clicking once on “Exit” in the upper right corner of the screen.
- If an error occurred, review the error narratives in Appendix C at the end of this document.
 - **All “I” errors need to be corrected before the claim can be submitted.**
 - All “A” errors are considered a **warning** and do not have to be corrected but should be investigated to maximize reimbursement.
 - Investigate the “A” error and decide whether or not they need correcting.
 - To correct errors, click on back and correct the appropriate data on the claim form.
 - If the error is related to the application or an application revision (such as the number of operating days, total meals served, etc.), you will need to contact your Nutrition Consultant for help in correcting the error so your claim for reimbursement can be submitted.

APPENDIX A

ABBREVIATIONS, ACRONYMS and DEFINITIONS	
CNP	Child Nutrition Programs
FND	Food and Nutrition Division
ID	Identification (number or code)
LEA	Local Education Agency
NSLP	National School Lunch Program
NDA	Nevada Department of Agriculture
RCCI	Residential Child Care Institution
SBP	School Breakfast Program
SFA	School Food Authority
SMP	School Milk Program
SA	State Agency (Nevada)
SY	School Year
USDA	United States Department of Agriculture
WRO	Western Regional Office
Pending Approval	Sponsor has submitted a claim and is awaiting approval by FND Staff
Approved	FND Staff has approved the claim and is ready for payment (batch process)
Processed	Claim has been processed through the batch process and is now in the Keying/Advantage system for payment
Error/Inactive	Claim has errors and awaiting Sponsor and or FND Staff to resolve



The Verification Reporting Process

Software and Reporting Instructions

For Nevada NSLP Sponsors

School Food Authority Verification Report

Instructions for Completion

Page 43

ACCESSING SPONSOR VERIFICATION

Page 44

VERIFICATION PROCCES/SFA LEVEL RECORDS

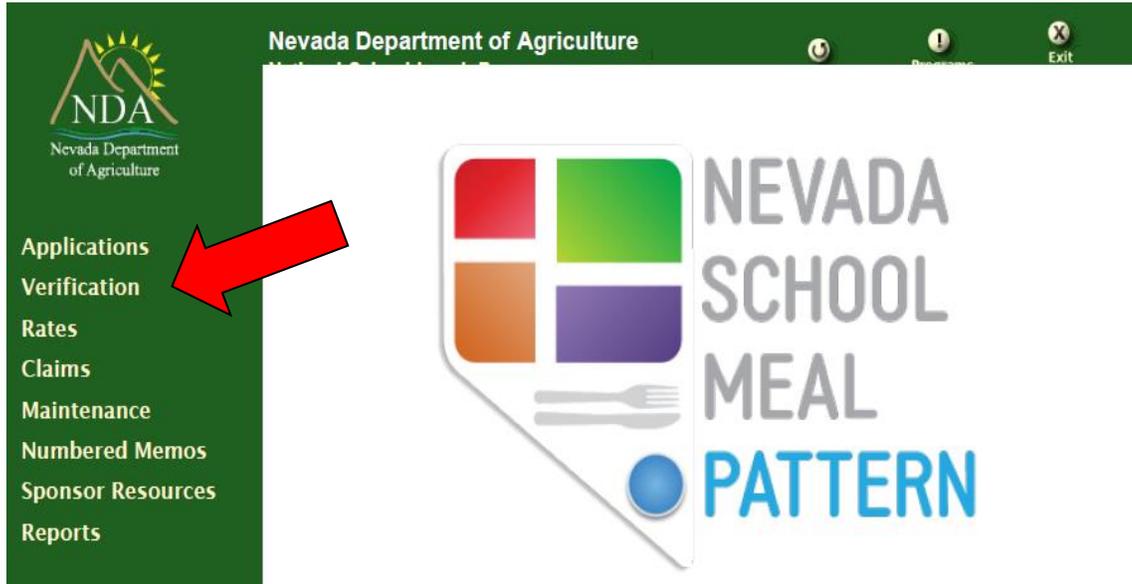
Resources:

USDA's Eligibility Manual for School Meals - Federal Policy for Determining and Verifying Eligibility - June 2008 , USDA - FNS

<http://www.fns.usda.gov/cnd/Governance/notices/iegs/EligibilityManual.pdf>

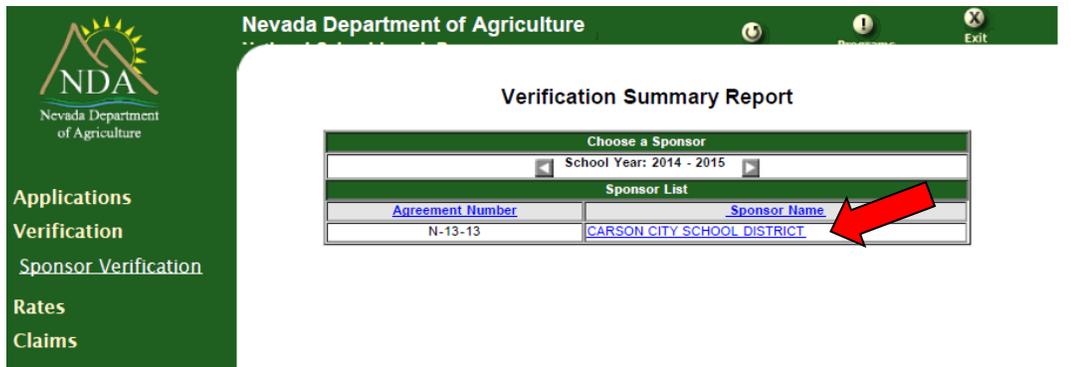
ACCESSING SPONSOR VERIFICATION

1. Choose > **VERIFICATION**



2. Choose > **SPONSOR VERIFICATION**

3. Choose > **Sponsor**



4. Click >  **Verification Summary Report**

Verification Summary Report

Sponsor		
Sponsor Name	Agreement Number	School Year
CARSON CITY SCHOOL DISTRICT	N-13-13	2014 - 2015
	Verification Summary Report	Not Started

< Back to Sponsor List

THE VERIFICATION PROCESS

1. Begin the verification process at the SFA LEVEL RECORD
 - a. Do not attempt to enter applications until a SFA LEVEL RECORD has been completed

SFA LEVEL RECORD

2. Gather your enrollment and application information as listed below
(DO NOT BEGIN THE REPORTING PROCESS UNTIL YOU HAVE THIS DATA AVAILABLE)
 - a. Number of schools or (Residential Child Care Institutions (RCCI) sites participating in National School Lunch Program (NSLP) /School Breakfast Programs (SBP) (SBP only Schools)
 - b. Number of enrolled students with access to NSLP or SBP (SBP only Schools) as of October 1
 - c. Number of approved applications – October 1 (Do not count carry over applications from previous school year)
 - d. RCCI Only – Number of students enrolled in the program October 1
3. Enter into the web environment by activating your internet browser (internet explorer is the only guaranteed browser for optimal performance)
4. Login to the CNP Software site as you normally do.
5. Choose the Verification application option on the left hand menu bar.
6. Choose the Sponsor Verification option.
 - a. Choose your school district.
 - b. Click the green GO button, this will open the Verification Summary Report.

Section 1

All SFAs with schools or RCCIs operating the NSLP and/or SBP must complete this section regardless if all schools are exempt from verification. Report schools or institutions operating the NSLP and/or SBP as of the **last operating day in October**

- 1-1A & B: TOTAL number of schools (not including RCCIs) operating the NSLP and/or SBP, and the TOTAL number of enrolled students with access to the NSLP and/or SBP

SECTION 1			
Total Schools, Residential Child Care Institutions(RCCIs) and Enrolled Students	** All SFAs must report Section 1 **	A. Number of Schools or Institutions	B. Number of Students
	1-1: Total schools:	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

RCCIs ONLY

- 1-2A & B: TOTAL number of RCCIs operating the NSLP and/or SBP, and the TOTAL number of enrolled students with access to the NSLP and/or SBP in RCCIs
- 1-2aA&1-2aB: Of the RCCIs reported in **1-2A**; enter the number of RCCIs with DAY students and ONLY the DAY students with access to the NSLP and/or SBP in RCCIs
- 1-2bA&1-2bB: Of the RCCIs reported in **1-2A**; enter the number of RCCIs with NO day students and the TOTAL number of institutionalized students.

SECTION 1			
Total Schools, Residential Child Care Institutions(RCCIs) and Enrolled Students	** All SFAs must report Section 1 **	A. Number of Schools or Institutions	B. Number of Students
	1-2: Total RCCIs:	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text" value="250"/>
	1-2a: RCCIs with day students (Report ONLY day students in 1-2aB):	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text" value="0"/>	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text" value="0"/>
	1-2b: RCCIs with NO day students:	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 80px; height: 20px; border: 1px solid black;" type="text" value="250"/>

Note: The sum of the students reported in 1-2aB and 1-2bB will NOT equal the total in 1-2B.

Section 2

All SFAs with some or all schools and/or RCCIs operating under an alternative provision must complete this section.

Report students with access to the NSLP and/or SBP as of the **last operating day in October**. 2-1 through 2-4 should be reported only if the school operates alternate provisions for BOTH programs resulting in no collection of applications for the school. Schools operating Provision 2/3 for only one program and collecting household applications for the other program should report applicable provision data in 2-5

SECTION 2			
	** ONLY SFAs with alternate provisions must report Section 2 **	A. Number of Schools or Institutions	B. Number of Students
SFAs with schools operating alternate provisions	2-1: Operating Provision 2/3 in a BASE year for NSLP and SBP:	<input type="text"/>	<input type="text"/>
	2-2: Operating Provision 2/3 in a NON BASE year for NSLP and SBP:	<input type="text"/>	<input type="text"/>
	2-2a: Provision 2/3 students reported as FREE in a NON BASE year:		<input type="text"/>
	2-2b: Provision 2/3 students reported as REDUCED PRICE in a NON BASE year:		<input type="text"/>
	2-3: Operating the Community Eligibility Option:	<input type="text"/>	<input type="text"/>
	2-4: Operating other alternatives for NSLP and SBP:	<input type="text"/>	<input type="text"/>
	2-5: Operating an alternative provision(s) for only SBP or only NSLP:	<input type="text"/>	<input type="text"/>

- 2-1 A&B: BASE year is when certification procedures are conducted.
- 2-2A& B: NON BASE year is when no certification procedures are conducted.
- 2-2aB, 2-2bB: Multiply the most recent base year FREE percentage by the enrollment reported in **2-2B** to determine **2-2aB**. Multiply the base year REDUCED PRICE percentage by the enrollment reported in **2-2B** to determine **2-2bB**.
- 2-3 A&B: Number of schools operating the Community Eligibility Option and the number of enrolled students in the schools with access to the NSLP and/or SBP
- 2-4A&B: Other alternatives include Provision 1 and universal meal service through census data or socioeconomic surveys.
- 2-5A&B: Enter the number of Schools and/or RCCIs and students enrolled operating an alternate provision for ONLY SBP or ONLY NSLP. Include schools/RCCIs operating in both a base year and non-base year.

Section 3

All SFAs must complete this section. If all schools and/or RCCIs in the SFA were not required to perform direct certification with SNAP, then check box 3-1. Direct certification is the process by which the student is certified eligible based on documentation received directly from the applicable program (e.g. SNAP or TANF agency). This process eliminates the need for the household to submit an application. Report students approved FREE eligible as of the **last operating day in October**.

SECTION 3		
	** ALL SFAs must report Section 3 or check box 3-1 if applicable **	
	B. Number of FREE Students	
Students approved as FREE eligible NOT subject to verification	3-2: Students directly certified through Supplemental Nutrition Assistance Program (SNAP): <i>Do <u>not</u> include students certified with SNAP through the letter method.</i>	<input style="width: 80px; height: 25px;" type="text"/>
	3-3: Students directly certified through other programs: <i>Include those directly certified through Temporary Assistance for Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR), or Medicaid (if applicable); those documented as homeless, migrant, runaway, foster, Head Start, Pre-K Even Start, or non-applicant but approved by local officials. DO NOT include SNAP students already reported in 3-2</i>	<input style="width: 80px; height: 25px;" type="text"/>
	3-4: Students certified categorically FREE eligibl through SNAP letter method: <i>Include students certified for free meals through the family providing a letter from the SNAP agency.</i>	<input style="width: 80px; height: 25px;" type="text"/>

- 3-2B: Include students directly certified with SNAP. If a student is directly certified with SNAP as well as another program include the student in this SNAP count (3-2B). Also include any student in the SFA deemed eligible based on extended categorical eligibility via an eligible student in the primary household who has been directly certified with SNAP. DO NOT include SNAP letter method certifications in this SNAP count, report these in 3-4B below.
- 3-3B: Include students directly certified through programs other than SNAP. Include students in the SFA deemed eligible due to extended categorical eligibility via an eligible student in the primary household directly certified with TANF or FDPIR. DO NOT include SNAP students already reported in 3-2 or to be reported in 3-4 as certified categorically through SNAP letter method.
- 3-4B: Include ONLY students certified as categorically FREE eligible based on a letter submitted by family from the SNAP agency. Include students in the SFA deemed eligible due to extended categorical eligibility via an eligible student in the primary household certified as FREE categorically eligible with the letter method with SNAP.

Section 4

All SFAs with schools and/or RCCIs collecting individual household applications must report this section, including schools and/or RCCIs in a Provision 2/3 base year. Report number of **applications (A)** approved as of **October 1st**. Report number of **students (B) as of the last operating day in October**.

SECTION 4			
Students approved as FREE or REDUCED PRICE eligible through a household application	** ALL SFAs collecting applications must report Section 4 **	A. Number of Applications	B. Number of FREE Students
	4-1: Approved as categorically FREE eligible: Based on those providing documentation (e.g. a case number for SNAP, TANF, FDPIR on an application)	<input type="text"/>	<input type="text"/>
	4-2: Approved as FREE eligible: Based on household size and income information	<input type="text"/>	<input type="text"/>
	4-3: Approved as REDUCED PRICE eligible: Based on household size and income information	<input type="text"/>	<input type="text"/>

- 4-1A&B: Number of applications approved FREE eligible based on documentation submitted on an application on file as of **October 1st** and the number of **students as of the last operating day in October** approved FREE eligible based on documentation submitted on an application. *Include students in the SFA deemed eligible due to extended categorical eligibility via an eligible student in the primary household categorically FREE eligible with SNAP, TANF, or FDPIR*
- 4-2A&B: Number of **applications** approved FREE eligible based on income information submitted by the household on file as of **October 1st** and the number of **students as of the last operating day in October** approved FREE eligible based on income information submitted by the household.
- 4-3A&B: Number of **applications** approved REDUCED PRICE eligible based on income information submitted by the household on file as of **October 1st** and the number of **students as of last operating day in October** approved REDUCED PRICE eligible based on income information submitted by the household.

Section T

SECTION T	
T-1: Total FREE Eligible Students Reported: <input style="width: 80px;" type="text"/>	T-2: Total REDUCED PRICE Eligible Students Reported: <input style="width: 80px;" type="text"/>

- T-1: Enter the total number of students reported as FREE eligible.
 - $(3-2B)+(3-3B)+(3-4B)+(4-1B)+(4-2B)+(2-2aB \text{ if applicable})$

- T-2: Enter the total number of students reported as REDUCED PRICE eligible.
 - $(4-3B)+(2-2Bb, \text{ if applicable})$

Section 5

If **ALL** schools and/or RCCIs in the SFA are exempt from verification activities, check box 5-1 and no further reporting is required in section 5.

5-1: Check the box if ALL schools and/or RCCIs are exempt from verification (see instructions for list of exemptions). 

If 5-1 is checked, no further reporting in Section 5 is required.

Verification activities are NOT required for:

- Schools/RCCIs in which all children have been certified under direct verification procedures including children documented as eligible foster, migrant, runaway or homeless children
- RCCIs which do not have day students
- Schools electing the Community Eligibility Option
- Schools/RCCIs in which FNS has approved universal meal service through census data or using socioeconomic surveys
- Schools participating only in the Special Milk Program
- Schools in which all children are served with no separate charge for food service and no special cash assistance is claimed
- All schools are Provision 2/3 schools in a non-base year
- Schools which do not have any free or reduced price eligible students
- Other FNS determined exemptions on a case-by-case basis

5-2: Was verification performed and completed? <input type="checkbox"/> Yes, completed by November 15th <input type="checkbox"/> Yes, completed after November 15th <input type="checkbox"/> No, verification was NOT performed or the process was not completed.		5-3: Type of Verification process used: 1. <input type="checkbox"/> Standard (Lesser of 3% or 3,000 error-prone) 2. <input type="checkbox"/> Alternate one (Lesser of 3% or 3,000 selected randomly) 3. <input type="checkbox"/> Alternate two (Lesser of 1% or 1,000 error prone applications PLUS lesser of one-half of one percent or 500 applications with SNAP/TANF/FDPIR case numbers)	
If 1 or 3 is checked in 5-3, report 5-4. If 2 is checked in 5-3, enter "N/A" in 5-4.	5-4: Total ERROR PRONE applications: Report all applications as of October 1st considered error prone <input type="text"/>	5-5: Number of applications selected for verification sample: <input type="text"/>	<input type="text"/>
** All SFAs must report 5-7 or check box 5-6 if applicable **			
5-6: Check the box if direct verification was not conducted in the SFA (i.e. not one of the schools and/or RCCIs in the SFA performed direct verification). If 5-6 is checked, skip 5-7.			<input type="checkbox"/>
		A. Number of Applications	B. Number of Students
Report if FREE and/or REDUCED PRICE eligibility is onfirmed through direct verification with SNAP/TANF/FDPIR/MEDICAID as of November 15th	5-7: Confirmed through direct verification: <input type="text"/>	<input type="text"/>	<input type="text"/>

- 5-2 Indicate whether verification was performed and completed by the deadline of November 15th. If verification was completed after the deadline, report the remainder of Section 5 as applicable.

- 5-3 If verification was completed, check the type of verification process used to comply with the requirements of 7 CFR 245.6a. Please note the qualification requirements in 7 CFR 245.6a(d) must be met to use the two alternate sample sizes.
- 5-4 Error-prone applications are household applications approved as of **October 1st** indicating monthly income within \$100 of the monthly limit or annual income within \$1,200 of the annual limit of the applicable income eligibility guidelines.
- 5-5 Enter the total number of applications initially selected for the verification process as indicated in 5-3
- 5-6 Check if direct verification was not conducted in the SFA (not one school in the SFA conducted direct verification). Direct verification is using records from public agencies to verify income and/or program participation.
- 5-7A&B: Only report applications and students if FREE and/or REDUCED PRICE eligibility is confirmed through direct verification. Report applications and students not directly verified in the appropriate category in 5-8
- 5-8: For the purposes of this report verification is complete:
 - for households whose eligibility does not change as of the date of the confirmation of eligibility by a reviewing official
 - for households which do not appeal a change in eligibility as of the first operating day following the last date for filing an appeal in response to a notice of change in eligibility
 - for households which appeal a change in eligibility as of the first operating day following a decision by the hearing official

5-8: Results of Verification by Original Benefit Type

For each original benefit type (A,B,C), report the number of applications and students as of November 15th for each reesult category (1,2,3 & 4).

Do NOT include students and applications already reported in 5-7A or 5-7B.

A. FREE-Categorically Eligible <i>Certified as FREE based on SNAP/TANF/FDPIR documentation (e.g. case number) on application</i>			B. FREE-Income <i>Certified as FREE based on income/household size application</i>			C. REDUCED PRICE-Income <i>Certified as REDUCED PRICE based on income/household size application</i>		
Result Category	a. Applications	b. Students	Result Category	a. Applications	b. Students	Result Category	a. Applications	b. Students
1. Responded, NO CHANGE:	<input type="text"/>	<input type="text"/>	1. Responded, NO CHANGE:	<input type="text"/>	<input type="text"/>	1. Responded, NO CHANGE:	<input type="text"/>	<input type="text"/>
2. Responded, Changed to REDUCED PRICE:	<input type="text"/>	<input type="text"/>	2. Responded, Changed to REDUCED PRICE:	<input type="text"/>	<input type="text"/>	2. Responded, Changed to REDUCED PRICE:	<input type="text"/>	<input type="text"/>
3. Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>	3. Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>	3. Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>
4. NOT Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>	4. NOT Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>	4. NOT Responded, Changed to PAID:	<input type="text"/>	<input type="text"/>

Section VC

If applicable in at least one school and/or RCCI, report all applications verified for cause outside of the verification process (7 CFR 245.6a) as of November 15th. Applications verified for cause are NOT considered part of the required sample size.

Include the results of verification for cause by original benefit type in the appropriate category in 5-8

SECTION VC					
VC-1: Total questionable applications verified for cause (Enter "N/A" if not applicable): Report the number of applications as of November 15th verified for cause <u>in addition</u> to the verification requirement.					<input type="text"/>
Created by	Create Date	Modified by	Modified Date	Revision	Status



Once the application is complete click SAVE, then SUBMIT.

Appendix C

CNP Software Error Codes

Error Code	Error Description	Error Type Code
100	Meals Served to Children approved on the application but not claimed.	A
101	If meal is claimed, Eligible Children is required.	I
102	If meal is claimed, Sites on Program is required and cannot exceed the number of active sites.	I
103	If meals are claimed, Meal Service Days must be completed for each of NSLP, Regular Breakfast, Severe Need Breakfast approved on the application.	I
104	If claimed, Half Pints Purchased is required for SMP.	I
105	If claimed, Cost of Milk is required for SMP.	I
106	Free meals claimed cannot exceed (Free Eligible * Operating Days * Sponsor Attendance Factor) for each program approved on the application.	A
107	Reduced meals claimed cannot exceed (Reduced Eligible * Operating Days * Sponsor Attendance Factor) for each program approved on the application.	A
108	Paid meals claimed cannot exceed (Paid Eligible * Operating Days * Sponsor Attendance Factor) for each program approved on the application.	A
109	For Provision 2 sponsors only, Total meals claimed cannot exceed (Enrollment * Operating Days * Sponsor Attendance Factor) for each approved program.	A
110	If claimed, Special Milk free reimbursement per unit cannot exceed system defined maximum.	I
111	Free meals claimed cannot exceed (Free Eligible * Operating Days) for each program approved on the application.	I
112	Reduced meals claimed cannot exceed (Reduced Eligible * Operating Days) for each program approved on the application.	I
113	Paid meals claimed cannot exceed (Paid Eligible * Operating Days) for each program approved on the application.	I
114	All meals should not be claimed as free, except types 10 and 27.	A
115	NSL sponsor type must be Public or Private School if claiming ASCS.	I
116	The number of sites claimed cannot exceed the total number of "Active" sites authorized for ASCS in the same month.	I

145	The year to date operation costs reported were less than 85% of your operation reimbursement. Please review your operating costs to ensure you have reported all of your operating costs.	A
146	Year to date operating costs must be completed for July, August, and September claims.	I
147	The study month can be no earlier than July 1 for the next fiscal year. For example, October 2003 is the first month of FY 04. The study month for FY 04 cannot be any earlier than July 1, 2003.	I
148	A study month can be one calendar month or 30 calendar days within the same month with the exception of February in which case the calendar month would have only 28 days (or 29 in case of the leap year.)	I
149	The study month does not have to begin the first and end the 30th or 31st of the same month. It may run mid-month; however, it cannot be less than 30 days nor can it exceed 30 days, and the first day counts as day one. Be sure to include weekends and holidays.	I
150	The total children/adults enrolled or licensed capacity is needed for Profit Centers.	I
151	Number of Title XIX adults is required for Profit Adult Care Centers.	I
152	Number of Title XX or Pre-K Category1 children is required for Profit Child Care Centers.	I
153	The number of Title XIX and Title XX adults reported must be at greater than or equal to 25% of the Total Enrollment or Licensed Capacity.	I
154	Average daily attendance is required.	I
155	Number of sites is required.	I
156	Number of sites reported cannot exceed number of sites on the application.	I
157	Number of operating days must be reported and <= maximum number of days in the month being claimed.	I
158	When claim month = approval month, number of operating days for 1st claim month cannot exceed number of days between approval date and month end.	
159	When claim month = termination month, number of operating days for claim month cannot exceed number of days between day 1 and termination date.	I
160	When at least 1 site application has Meals Served, Meals Served to Children is required.	A
161	Eligible meals must be approved on at least 1 site application for each meal type claimed.	I

162	Each Eligible Meals category served cannot exceed (Average Daily Attendance * Operating Days) plus system defined excess percentage.	I
163	Personnel meals must be approved on at least 1 site application for each meal type claimed.	
164	Costs is required.	
165	If sponsor claims ASCS, the ASCS Average Daily Attendance cannot be zero.	I
166	The number of ASCS meals claimed cannot exceed the ASCS Average Daily Attendance * Operating Days.	I
167	The number of ASCS sites claimed cannot exceed the total number of active sites approved for ASCS.	I
168	If sponsor claims ASCS, the number of ASCS sites cannot be zero.	I
169	If sponsor claims ES, the ES Average Daily Attendance cannot be zero.	I
170	The number of ES sites claimed cannot exceed the total number of active sites approved for ES.	I
171	The number of ES meals claimed cannot exceed the (ES Average Daily Attendance * Operating Days) plus system defined excess percentage.	I
172	If sponsor claims ES, the ES Average Daily Attendance cannot be zero.	I
173	The 30 Day Study Month Period From and To Date must be entered in order to process this claim.	I
174	A sponsor cannot submit a claim unless at least one approved center application has the claim month selected as an Operating Month.	I
176	A claim for the prior month has not been submitted. Please submit a claim for the prior month if you are eligible	A
177	Number of days Meals Provided that was entered on the claim is greater than the received date	I
178	Income Eligibility Number of Free, Reduced and Above Scale were left blank on the claim form. Please complete these income eligibility enrollment study month numbers.	I
179	You have entered a negative number on your claim. All numbers submitted must be positive. Revisions submitted should reflect the total operations for the month, and not just the net change.	I
180	Participating number of homes must be reported.	I
181	Number of homes reported cannot exceed number of homes on the application.	I
182	Meals served to children is required.	I

183	Administrative costs is required.	I
184	The number of homes reported cannot exceed the number of active providers by tier category.	A
185	A terminated sponsor cannot claim more days in their last claim month than the max number of days that the termination date allows for. For example, if the sponsor terminates on November 15, they can claim 15 days (November 1-15) on their November claim.	I
186	Number of meals by type (i.e. Breakfast - Tier I + Tier II (high + low)) cannot exceed ((ADA * Operating Days) + (Mixed ADA * Operating Days)).	I
187	Breakfasts served cannot exceed the (total ADA * Operating Days) for breakfast.	I
188	Lunches served cannot exceed the (total ADA * Operating Days) for lunches.	I
189	Suppers served cannot exceed the (total ADA * Operating Days) for suppers.	I
190	AM Snacks served cannot exceed the (total ADA * Operating Days) for snacks.	I
191	PM Snacks served cannot exceed the (total ADA * Operating Days) for snacks.	I
192	Evening Snacks served cannot exceed the (total ADA * Operating Days) for snacks.	I
193	Night Snacks served cannot exceed the (total ADA * Operating Days) for snacks.	I
194	At Risk - ASCS snacks served cannot exceed (At Risk - ASCS ADA * Operating Days) for At Risk - ASCS Snacks.	I
195	The claim must have the signature of an authorized signer.	I
196	Number of outside school hours sites claimed exceeds the number of outside school hour's sites approved/active sites.	I
197	Total average daily attendance exceeds total eligible on the claim form.	A
198	Number of Head start sites claimed exceeds the number of Head start sites approved/active sites.	I
199	Number of Homeless sites claimed exceeds the number of Homeless sites approved/active sites.	I
200	If sponsor is a Child Care Center or Adult Care Center, the application requires at least one active site.	I
201	CACFP Program Contact First/Last Name, Phone Number and Title required.	I
202	Must select an application type.	I
203	At least one Application type required.	I
204	Federal ID Number (non-zero) is required.	I

205	1099 must be Yes or No.	I
206	Vendor Type is required.	I
207	Ownership Code is required.	I
208	Sponsor Status is required.	I
209	Pricing must be Yes or No.	I
210	Payment Method is required.	I
211	Sponsor level advance only allowed when sponsor level payment method is selected.	I
212	Receive Commodities must be Yes or No.	I
213	Application requires at least one active DCH provider if DCH application type is selected.	I
214	Mailing Location address is required.	I
215	Racial/Ethnic information is required.	I
216	Grass Roots information is required.	
217	At least one Authorized Signer is required.	I
218	Application is Inactive because at least 1 site is inactive due to site errors.	I
219	Number of sites entered on application must equal total number of non-terminated sites.	A
220	At least 1 Eligibility record is required.	I
221	Racial information Ethnic Percentages must total 100%.	
222	The Application Approval Date must be entered by State Employees before this application is valid.	I
223	Street location address is required.	I
224	DCH Administrative advance can only be checked if DCH type is selected.	I
225	CACFP Claim Contact First/Last Name, Phone Number and Title required.	I
226	Sponsor cannot be an Independent Center due to Number of Active Facilities/Sites cannot be > 1.	I
227	Sponsors who are Independent Centers cannot have more than one site assigned.	I
228	Payment address must be completed (Address, city, state, zip, county).	I
229	Contact Birth date on the Sponsor application must be entered.	I

230	All questions in the Sponsor application Miscellaneous section must be answered.	I
231	All questions in the Sponsor application Civil Rights section must be answered.	I
232	At least one Claiming month on the Sponsor application must be selected.	I
233	Contact address must be completed (Address, city, state, zip, county).	I
234	Second Program Contact First/Last Name, Phone Number and Title required.	I
235	CEO/President/Owner Contact First/Last Name, Phone Number and Title required.	I
236	Board Chairperson Contact First/Last Name, Phone Number and Title required.	I
240	Application is 'Inactive' and cannot be approved.	I
241	Center/Site Application is 'Inactive' and cannot be approved.	I
250	Site Program Contact is required.	I
251	Site Program Contact telephone number is required.	I
252	Program Type is required.	I
253	Profit/Non-profit must be indicated.	I
254	Site advance allowed only when Application site level payment is selected.	I
255	License expiration date must exceed current date.	
256	Licensed capacity (non-zero) is required.	I
257	If a profit site, the Title XIX or XX served must be at least the lower of 25% of Licensed Capacity or 25% of the total of Free, Reduced, Paid served.	I
258	At least 1 operating month is required.	I
259	There must be at least 2 hours from the start time of one meal to the start time of the next meal.	A
260	Breakfast cannot start before 5:00 am or after 10:00 am.	A
261	Breakfast - the most important meal of the day!	A
262	Lunch cannot start before 10:30 am or after 1:00 pm.	A
263	Eat right. Exercise. Have fun.	A
264	Supper cannot start before 4:00 pm or after 8:00 pm.	A
265	Eat together, eat better.	A
266	Eat your colors every day to stay healthy and fit!	A

267	When 4th meal approved, there must be at least 8 hours from the end of the 1st meal and the start of the 4th meal.	I
268	Type of Food Service is required.	I
269	If Food Service is contract with vendor or school, the vendor/school name is required.	I
270	The total of Free, Reduced, and Paid children served must equal calculation (free served + reduced served + paid served).	I
271	Eligibility counts (Number of free, reduced, and paid children served) is required.	I
272	At least one Regular Meals Served (complete with meal time) is required.	A
273	Application Type Child Care Center (CCC) must be selected on Sponsor Application to use Program Types ASCS or ES on site application.	I
274	Site draws attendance from School(s) is required.	I
275	School Eligibility must be at least 50% free and reduced price.	I
276	At least one Emergency Shelter Meals served (complete with meal time) is required.	I
277	If Program Type is ASCS, Meals Served can only be SNACK-ASCS.	I
278	If ASCS indicator is not checked, Meals Served cannot include SNACK-ASCS.	I
279	Activities (Educational and/or Enrichment) must be indicated.	I
280	Pct Enrolled Eligible for Free and Reduced Meals is required.	I
281	Emergency Shelter has maximum limit of 3 meal periods.	I
282	Must supply meal begin times.	A
283	Must supply meal end times.	I
284	If ASCS meals are selected, Qualifying School Area must be entered.	I
286	If ASCS meals are selected, Pct Enrolled Eligible for Free and Reduced Meals is required.	I
287	Enrollment quantity (non-zero) is required.	A
288	If organization type is "Profit", ((Title XX + Pre-K) / Lesser of (License Capacity or Enrollment)) must be greater than or equal to 25%.	I
289	If ASCS meals are selected, Pct Enrolled Eligible for Free and Reduced Meals must be >= 50%.	I
290	At Risk - ASCS cannot start before 2:00 pm or after 6:00 pm.	A
291	Enrolled Students and Programs selected must match.	A

292	If At Risk or Emergency Shelter Only selected, At Risk checkbox and or Emergency Shelter checkbox must be selected.	I
293	If the type of care selected is Adult Care, no other programs can be selected.	I
294	From/To Ages of Children on license must be entered.	I
295	The Total Enrolled must be entered.	I
296	If Program type is At Risk, then At risk section must be completed.	I
297	If type of care is Adult Care, questions in Adult Care Center Information section must be completed.	I
300	Provider name, address, city, state, zip code, and county are required.	A
301	If status code is DHS or DES, license expiration is required.	A
302	If entered, license expiration date must exceed current date.	A
303	Start date is required.	A
304	If termination date is entered, the termination code is required.	A
305	Status code is required.	A
306	Provider cannot have been Dropped For Cause in the past.	A
307	Cannot add a provider after the 25th of the month.	I
308	Cannot be approved by OSPI until after the 25th of the month.	I
309	Provider's Birth date must be greater than or equal to 18 years and less than 100 years.	I
310	At least 1 'Meal Times' begin and end time pair must be selected.	I
311	At least 1 'Meal Times' day must be selected.	I
312	At least 1 'Months Served' month must be selected.	I
313	All 'Day Care Home Provider Information' questions must be answered (except Middle Initial and Email).	I
314	A Tier Level must be selected.	I
315	If Tier 1 is selected, 'School', 'Income', or 'Census' must be selected.	I
316	If Tier 1 is selected, provider eligibility for claiming own children based on food stamps question must be answered.	I
317	A Food Stamp number is required.	I
318	If Tier 1 is selected, provider based on food stamps question must be answered.	I

320	If question, "Does the next School Year begin before October 1st?" is answered "Yes", begin date of next school year must be provided	I
321	If question, "Does the next School Year begin before October 1st?" is answered "No", begin date of next school year must be blank	I
322	The next school year begin date must be after the "School Year Ending Date"	I
323	The next school year begin date must be after August 1st of the current program year, but before October 1st of the next program year	I
325	Total amount must equal the total of all line items.	A
326	If ownership is not Government, Administrative Labor (salaries and benefits) cannot exceed 75% of total budget.	
327	If ownership is not Government, Nutrition education cannot be less than 1.5% of total budget.	
328	Total amount cannot exceed Number of homes * Rate per home.	A
329	Initial budget Number of homes cannot exceed 108% of previous fiscal year's highest Number of homes.	
330	The grand total amount cannot exceed the amount obtained by multiplying the number of homes by the rate per home * 12.	I
350	Programs Administered (one or more) is required.	I
351	If Programs NSLP, SBP, or SMP are indicated, at least one site must indicate the same.	I
352	Program Contact name and phone number are required.	I
353	Claim Contact name and phone number are required.	I
354	Program Begin date cannot precede July 1 of current year and Program End date cannot be later than the following June 30.	I
355	Menu Planning Method (one or more) is required if sponsor administers NSLP or SBP.	I
356	If Assisted NuMenus is selected, the Source of Menus is required.	I
357	If one of the options under Contract for Food Service is selected, the Company Name is required.	I
358	If FSMC is selected, Contract Begin date is required.	I
359	If program SMP is selected, Income Applications Collected (Yes or No) is required.	I
360	If program SMP is selected, Students Charged (Yes or No) is required.	I

361	If sponsor has sites on SNB, SNB Rates vs. Costs record is required.	I
362	Assigned Specialist is required.	A
390	For NSL sites, participation in at least one program is required.	I
391	If site is on NSLP, both the Total free/reduced and Enrollment in the NSLP % Needy section are required.	A
392	If site is on SNB, both Total free/reduced and Total Lunches is required and the Percent free/reduced must be at least 40%.	I
393	If a Provision / Special Assistance (other than None) is selected, both Current Base Year and Next Base Year are required.	I
394	If program ASCS \geq 50% is selected, one ASCS Approval type must be checked.	I
395	If program ASCS \geq 50% is selected and ASCS Approval type is Based on % Needy, the NSLP % Needy percentage must be \geq 50%.	I
396	Meal Authorization for ASCS must be the same as the ASCS Program type selected.	I
397	A site cannot be approved for both ASCS \geq 50% and ASCS $<$ 50%.	I
399	If sponsor is a Child Care Center or Adult Care Center, the application requires a Centers Budget.	I
400	Operating days must be entered.	I
401	Expenses cannot exceed Income, please reenter.	I
402	Claim month cannot be entered for a month that has not yet occurred.	I
406	If the final month of operation for a sponsor has less than 10 operating days, the last two months must be combined into one claim. For example, if the sponsor operates 20 days in July and 5 in Aug., the claim entered must be a July claim with 25 days.	I
407	Number of sites reported must not exceed number approved in application.	I
408	Meal type (breakfast, lunch, supper, supplements) cannot be claimed unless approved in application.	I
409	Operating cost must be reported.	I
410	If the sponsor projected administrative costs in their budget, they must report the actual costs on the reimbursement claim.	A
411	A sponsor cannot report administrative costs on their claim, if they did not include them in their budget.	I
412	Indirect costs cannot be claimed, if the sponsor has not indicated on the budget their intent to claim them.	I

413	The indirect cost claimed cannot be more than the maximum allowed. (See Indirect Cost Calculation.).	I
414	If the current budget indicates that the sponsor sells adult meals, adult meal payments should be reported.	A
415	Total number of sites entered on the sponsor application must equal the number of active sites.	I
416	Food Management Co. must be entered if the program description is vended.	I
419	There must be at least one site per sponsor application.	I
420	The free/reduced percentage must be greater than or equal to 50% if "Open site using school or geographic data" is selected for site eligibility.	I
421	Beginning date cannot be greater than the ending date.	A
423	All beginning times must be less than its corresponding ending time, and vice versa.	A
425	Supper start time must begin before 7pm and must end by 8pm.	I
426	Serving time for lunch and supper must not exceed 2 hours and the serving period for snacks should not exceed one hour.	I
427	Four hours must elapse between lunch and supper when no snack is served (applies to migrant or camp sites).	I
428	End date must be later than start date.	I
429	Free/reduced percentage should not exceed 100%.	A
430	Authorized Rep information must be completed. (Name, phone).	I
431	Mailing address must be completed (Address, city, state, zip, county).	I
432	Street address must be completed (Address, city, state, zip, county).	I
433	Verify that the High/Low admin rate is properly selected.	A
434	A menu planning option must be selected.	I
435	At least one operating day must be selected.	I
436	Signature must be selected.	I
437	Operating days entered greater than the number on the application.	I
438	Number of sites must be entered.	I
439	Breakfast quantity entered greater than allowed.	I
440	Lunch quantity entered greater than allowed.	I

441	Supper quantity entered greater than allowed.	I
442	A.M. snack quantity entered greater than allowed.	I
443	P.M. snack quantity entered greater than allowed.	I
444	If Purchase Meals is selected, at least on Purchase Meals option on the Sponsor Application must be selected.	I
445	If eligibility is Migrant Sites, can have a maximum of 3 meals selected.	I
446	If eligibility is Open Site or Enrolled Site, can have a maximum of 2 meals selected.	I
447	Description needed if 'Other' Activities at Site is checked	I
448	Sponsor Contact information must be completed (Name, Phone).	I
450	Amount calculated for estimated federal reimbursement for administration should not exceed the administrative cost budget.	I
451	Total Administrative Costs must equal the amount of the items entered.	I
452	Total administrative costs should not exceed total administrative revenue.	I
453	Indirect cost % must be entered on the budget, if indirect costs are included in budget.	I
454	Amount entered for estimated federal reimbursement for general operations must not exceed Expected Reimbursement. (See expected Reimbursement Calculation).	I
455	Total operating costs should not exceed total operating revenue.	I
456	Amount calculated for Estimated operating reimbursement should not exceed the operating cost budget.	I
457	Operating costs total should equal the amount of the items entered.	I
458	Indirect costs cannot exceed maximum allowed. The sum of all budget items that contain an asterisk multiplied by the indirect percent.	I
460	All Yes/No questions must be completed with the exception of OSPI Use Only.	I
461	Last month of fiscal year must be selected.	I
462	Type of Audit required must be selected.	I
463	Frequency of Periodic Monitoring must be entered.	I
464	If operating or admin advance is selected, First Month Needed must be entered.	I
465	At least one site activity must be selected.	I
466	Children Are Served must be selected.	I

467	Children Are Supervised must have at least one box checked.	I
468	If meal is selected by entering a begin time, the ADA must be entered.	I
469	If Meals Sold to Adults is yes, then one meal price must be > 0.	I
470	If amount in other categories for operating and admin cost is > 0, other category description must be entered.	I
471	Begin date cannot be prior to October 1 of the fiscal year of the application.	I
472	End date cannot be after September 30 of the fiscal year of the application.	I
474	There is no active Admin budget amount to use for this claim.	A
475	OSPI Open Restricted Site approved? Must be yes.	I
476	Cannot have operating days for more than two meal types per month.	I
477	Cannot have operating days for more than three meal types per month.	I
478	Cannot have operating days for more than four meal types per month.	I
480	Application is 'Inactive' and cannot be approved.	I
481	Site Application is 'Inactive' and cannot be approved.	I
485	Enrolled sites must indicate if they will use school data already on file or if income applications will be collected.	I
486	National Youth Sports Program must indicate if they will use letter from DHHS or if income applications will be collected.	I
487	Upward Bound Program must indicate if eligibility will be determined by Upward Bound applications or income applications will be collected.	I
488	If 'Site will allow children to take Fruit/Vegetable component offsite?' is answered 'Yes', OSPI approval is required.	A
489	If Children served is 'Other', a description must be specified.	I
490	Serving time for breakfast should not exceed one hour unless a breakfast extension is requested. If extension is requested, breakfast serving time must not exceed 2 hours.	I
491	Breakfast serving time extension has not been approved, or is exceeding 2 hours. Serving time for breakfast should not exceed 1 hour, or not exceed 2 hours if extension is approved.	I
492	If eligibility is Residential Camp, can have a maximum of 4 meals selected if approved by OSPI, otherwise Camps may only have 3 meals selected.	I
493	If eligibility is Residential Camp, Fourth meal type must be approved by OSPI.	A

494	Residential Camp has not been approved for fourth meal type.	I
495	OSPI approval has not been completed to allow children to take Fruit/Vegetable component offsite.	I
496	OSPI has not approved children to take Fruit/Vegetable component offsite.	I
500	Number of Child Care sites claimed exceeds the number of Child Care approved/active sites.	I
501	Number of At Risk sites claimed exceeds the number of At Risk approved/active sites.	I
502	Number of Emergency Shelter sites claimed exceeds the number of Emergency Shelter approved/active sites.	I
503	Number of sites claimed exceeds the number of adult care approved/active sites.	I
504	Tier I Meals claimed (Breakfast + Lunch + Suppers + Snacks) exceeds 3 meals per day.	I
506	Tier II High Meals claimed (Breakfast + Lunch + Suppers + Snacks) exceeds 3 meals per day.	I
507	Tier II Low Meals claimed (Breakfast + Lunch + Suppers + Snacks) exceeds 3 meals per day.	I
508	A claim cannot be processed unless there is an approved application.	I
509	A claim cannot be processed if application status is Inactive.	I
510	Original claims submitted must be received within 60 days from the last day of the claim month.	I
512	Number of tier I breakfasts cannot exceed (tier I ADA * nbr operating days).	I
513	Number of tier II hi breakfasts cannot exceed (tier II hi + tier II mix ada) * (operating days).	I
514	Number of tier II lo breakfasts cannot exceed (tier II lo + tier II mix ada) * (operating days).	I
515	Number of tier I A.M. Snacks cannot exceed (tier I ADA * nbr operating days).	I
516	Number of tier II hi A.M. Snacks cannot exceed (tier II hi + tier II mix ada) * (operating days).	I
517	Number of tier II lo A.M. Snacks cannot exceed (tier II lo + tier II mix ada) * (operating days).	I
518	Number of tier I Lunches cannot exceed (tier I ADA * nbr operating days).	I

519	Number of tier II hi Lunches cannot exceed (tier II hi + tier II mix ada) * (operating days).	I
520	Number of tier II lo Lunches cannot exceed (tier II lo + tier II mix ada) * (operating days).	I
521	Number of tier I P.M. Snacks cannot exceed (tier I ADA * nbr operating days).	I
522	Number of tier II hi P.M. Snacks cannot exceed (tier II hi + tier II mix ada) * (operating days).	I
523	Number of tier II lo P.M. Snacks cannot exceed (tier II lo + tier II mix ada) * (operating days).	I
524	Number of tier I Suppers cannot exceed (tier I ADA * nbr operating days).	I
525	Number of tier II hi Suppers cannot exceed (tier II hi + tier II mix ada) * (operating days).	I
526	Number of tier II lo Suppers cannot exceed (tier II lo + tier II mix ada) * (operating days).	I
527	The Number of Free and Reduced Eligible Enrolled must be greater than or equal to 25 percent of total enrollment or license capacity - whichever is less.	I
528	If Meals Claimed > 0 and there are For-Profit Sites, at least one of those sites must be claiming meals.	I
529	Breakfast meals must be approved on at least 1 site application for each meal type claimed.	I
530	Lunch meals must be approved on at least 1 site application for each meal type claimed.	I
531	Supper meals must be approved on at least 1 site application for each meal type claimed.	I
532	Morning Snack meals must be approved on at least 1 site application for each meal type claimed.	I
533	Afternoon Snack meals must be approved on at least 1 site application for each meal type claimed.	I
534	At Risk Snack meals must be approved on at least 1 site application for each meal type claimed.	I
535	Night Snack meals must be approved on at least 1 site application for each meal type claimed.	I
536	Emergency Shelter Breakfast meals must be approved on at least 1 site application for each meal type claimed.	I

537	Emergency Shelter Lunch meals must be approved on at least 1 site application for each meal type claimed.	I
538	Emergency Shelter Supper meals must be approved on at least 1 site application for each meal type claimed.	I
539	Emergency Shelter Morning Snack meals must be approved on at least 1 site application for each meal type claimed.	I
540	Emergency Shelter Afternoon Snack meals must be approved on at least 1 site application for each meal type claimed.	I
541	Emergency Shelter Night Snack meals must be approved on at least 1 site application for each meal type claimed.	I
542	The number of Tier 1 homes reported cannot exceed the number of Tier 1 active providers.	I
543	The number of Tier 2 High homes reported cannot exceed the number of Tier 2 High active providers.	A
544	The number of Tier 2 Low homes reported cannot exceed the number of Tier 2 Low active providers.	A
545	The number of Tier 2 Mixed homes reported cannot exceed the number of Tier 2 Mixed active providers.	I
546	If non-program Adult meals are entered, Adult Meal Payments income is mandatory (Camps Exempt).	I
547	Breakfast Operating days entered greater than the number on the application.	I
548	Lunch Operating days entered greater than the number on the application.	I
549	Supper Operating days entered greater than the number on the application.	I
550	Snacks Operating days entered greater than the number on the application.	I
551	Administration Labor costs have been submitted on your claim but no administrative labor costs have been approved on your budget. Please remove these costs or amend your DCH budget.	I
552	Administrative Supply costs have been submitted on your claim but no administrative supply costs have been approved on your budget. Please remove these costs or amend your DCH budget.	I
553	Administrative Services costs have been submitted on your claim but no administrative services costs have been approved on your budget. Please remove these costs or amend your DCH budget.	I

554	Administrative Per Diem costs have been submitted on your claim but no administrative per diem costs have been approved on your budget. Please remove these costs or amend your DCH budget.	I
555	Education/Training costs have been submitted on your claim but no education/training costs have been approved on your budget. Please remove these costs or amend your DCH budget.	I
556	You have changed the study month period, but not the enrollment numbers. These numbers should not be changed unless a new enrollment study was performed. If you did complete a new enrollment study, please change the enrollment numbers also.	I
557	You have changed the enrollment numbers, but not the study month period. These numbers should not be changed unless a new enrollment study was performed. If you did complete a new enrollment study, please change the study month period also.	I
558	30 Day Study Month dates cannot go beyond claiming month.	I
559	If only Emergency Shelter or At Risk is being claimed, then the income eligibility section (30 day study month period and Number of Free, Number of Reduced, Number of Above Scale and Total) must be left blank.	I
560	Emergency Shelter Breakfasts served cannot exceed the (Homeless ADA * Operating Days) for breakfast.	I
561	Emergency Shelter Lunches served cannot exceed the (Homeless ADA * Operating Days) for lunch.	I
562	Emergency Shelter Suppers served cannot exceed the (Homeless ADA * Operating Days) for supper.	I
563	Emergency Shelter AM Snacks served cannot exceed the (Homeless ADA * Operating Days) for AM snacks.	I
564	Emergency Shelter PM Snacks served cannot exceed the (Homeless ADA * Operating Days) for PM snacks.	I
565	Emergency Shelter Evening Snacks served cannot exceed the (Homeless ADA * Operating Days) for Evening snacks.	I
570	You are approved to serve Breakfast on your application yet you did not claim any on your claim.	A
571	You are approved to serve Lunch on your application yet you did not claim any on your claim.	A
572	You are approved to serve Supper on your application yet you did not claim any on your claim.	A

573	You are approved to serve Snacks on your application yet you did not claim any on your claim.	A
574	You are approved to serve AM Snack on your application yet you did not claim any on your claim.	A
575	You are approved to serve PM Snack on your application yet you did not claim any on your claim.	A
576	You are approved to serve Night Snack on your application yet you did not claim any on your claim.	A
577	You are approved to serve At Risk - ASCS on your application yet you did not claim any on your claim.	A
578	You are approved to serve Emergency Shelter Breakfast on your application yet you did not claim any on your claim.	A
579	You are approved to serve Emergency Shelter AM Snack on your application yet you did not claim any on your claim.	A
580	You are approved to serve Emergency Shelter Lunch on your application yet you did not claim any on your claim.	A
581	You are approved to serve Emergency Shelter PM Snack on your application yet you did not claim any on your claim.	A
582	You are approved to serve Emergency Shelter Supper on your application yet you did not claim any on your claim.	A
583	You are approved to serve Emergency Shelter Night Snack on your application yet you did not claim any on your claim.	A
584	You are approved to serve Tier 1 Breakfast on your application yet you did not claim any on your claim.	A
585	You are approved to serve Tier 2 High Breakfast on your application yet you did not claim any on your claim.	A
586	You are approved to serve Tier 2 Low Breakfast on your application yet you did not claim any on your claim.	A
587	You are approved to serve Tier 1 AM Snacks on your application yet you did not claim any on your claim.	A
588	You are approved to serve Tier 2 High AM Snacks on your application yet you did not claim any on your claim.	A
589	You are approved to serve Tier 2 Low AM Snacks on your application yet you did not claim any on your claim.	A

590	You are approved to serve Tier 1 Lunch on your application yet you did not claim any on your claim.	A
591	You are approved to serve Tier 2 High Lunch on your application yet you did not claim any on your claim.	A
592	You are approved to serve Tier 2 Low Lunch on your application yet you did not claim any on your claim.	A
593	You are approved to serve Tier 1 PM Snacks on your application yet you did not claim any on your claim.	A
594	You are approved to serve Tier 2 High PM Snacks on your application yet you did not claim any on your claim.	A
595	You are approved to serve Tier 2 Low PM Snacks on your application yet you did not claim any on your claim.	A
596	You are approved to serve Tier 1 Supper on your application yet you did not claim any on your claim.	A
597	You are approved to serve Tier 2 High Supper on your application yet you did not claim any on your claim.	A
598	You are approved to serve Tier 2 Low Supper on your application yet you did not claim any on your claim.	A
599	You are approved to serve Tier 1 Night Snacks on your application yet you did not claim any on your claim.	A
600	You are approved to serve Tier 2 High Night Snacks on your application yet you did not claim any on your claim.	A
601	You are approved to serve Tier 2 Low Night Snacks on your application yet you did not claim any on your claim.	A
605	If the Number of sites claiming for Child Care is > 0 , the ADA for Child Care must be > 0 .	I
606	If the Number of sites claiming for Head Start is > 0 , the ADA for Head Start must be > 0 .	I
607	If the Number of sites claiming for Outside School Hours is > 0 , the ADA for Outside School Hours must be > 0 .	I
608	If ADA for Child Care is > 0 , the Number of sites claiming for Child Care must be > 0 .	I
609	If ADA for Head Start is > 0 , the Number of sites claiming for Head Start must be > 0 .	I
610	If ADA for Outside School Hours is > 0 , the Number of sites claiming for Outside School Hours must be > 0 .	I

611	If the Number of sites claiming for Emergency Shelter is > 0, the ADA for Emergency Shelter must be > 0.	I
612	If ADA for Emergency Shelter is > 0, the Number of sites claiming for Emergency Shelter must be > 0.	I
613	If the Number of sites claiming for At Risk is > 0, the ADA for At Risk must be > 0.	I
614	If ADA for At Risk is > 0, the Number of sites claiming for At Risk must be > 0.	I
615	If ASCS indicator is checked, At SNACK-ASCS Served must have a complete meal time.	I
616	At Risk ASCS begin meal time cannot be earlier than end meal time.	I
700	Number of Breakfast sites reported cannot exceed number of approved in application(s).	I
701	Number of Lunch sites reported cannot exceed number of approved in application(s).	I
702	Number of Supper sites reported cannot exceed number of approved in application(s).	I
703	Number of AM Snack sites reported cannot exceed number of approved in application(s).	I
704	Number of PM Snack sites reported cannot exceed number of approved in application(s).	I
705	Breakfast Operating days entered is greater than the number on the application(s).	I
706	Lunch Operating days entered is greater than the number on the application(s).	I
707	Supper Operating days entered is greater than the number on the application(s).	I
708	AM Snack Operating days entered is greater than the number on the application(s).	I
709	PM Snack Operating days entered is greater than the number on the application(s).	I
710	Breakfasts served cannot exceed the Average Daily Attendance * Operating Days for breakfast.	I
711	Lunches served cannot exceed the Average Daily Attendance * Operating Days for lunch.	I
712	Suppers served cannot exceed the Average Daily Attendance * Operating Days for supper.	I
713	AM Snacks served cannot exceed the Average Daily Attendance * Operating Days for AM snacks.	I

714	PM Snacks served cannot exceed the Average Daily Attendance * Operating Days for PM snacks.	I
730	For Profit Institutions Total Enrollment for all sites added together shown in the Attendance Detail For Profit Site must equal Total Enrollment of Sites Claiming for Child Care in the Attendance Reporting section of the claim.	I
735	Breakfast Average Daily Attendance entered cannot exceed the Average Daily Attendance on the application(s).	I
736	Lunch Average Daily Attendance entered cannot exceed the Average Daily Attendance on the application(s).	I
737	Supper Average Daily Attendance entered cannot exceed the Average Daily Attendance on the application(s).	I
738	AM Snack Average Daily Attendance entered cannot exceed the Average Daily Attendance on the application(s).	I
739	PM Snack Average Daily Attendance entered cannot exceed the Average Daily Attendance on the application(s).	I
740	Breakfasts served cannot exceed the number of operating days * CAP values entered for breakfast on the site application.	I
741	Lunches served cannot exceed the number of operating days * CAP values entered for lunch on the site application.	I
742	Suppers served cannot exceed the number of operating days * CAP values entered for supper on the site application.	I
743	AM Snack served cannot exceed the number of operating days * CAP values entered for AM snack on the site application.	I
744	PM Snack served cannot exceed the number of operating days * CAP values entered for PM snack on the site application.	I
809	Number of Operating Days for Breakfast must not exceed the number of operating days in the month.	I
810	Number of Operating Days for Lunch must not exceed the number of operating days in the month.	I
811	Number of Operating Days for Supper must not exceed the number of operating days in the month.	I
812	Number of Operating Days for AM Snack must not exceed the number of operating days in the month.	I
813	Number of Operating Days for PM Snack must not exceed the number of operating days in the month.	I

814	Number of Operating Days for Breakfast must not exceed the number of operating days for Breakfast on the site application.	I
815	Number of Operating Days for Lunch must not exceed the number of operating days for Lunch on the site application.	I
816	Number of Operating Days for Supper must not exceed the number of operating days for Supper on the site application.	I
817	Number of Operating Days for AM Snack must not exceed the number of operating days for Snacks on the site application.	I
818	Number of Operating Days for PM Snack must not exceed the number of operating days for Snacks on the site application.	I
819	Average Daily Attendance for Breakfast must not exceed the site capacity for Breakfast on the site application.	I
820	Average Daily Attendance for Lunch must not exceed the site capacity for Lunch on the site application.	I
821	Average Daily Attendance for Supper must not exceed the site capacity for Supper on the site application.	I
822	Average Daily Attendance for AM Snack must not exceed the site capacity for AM Snack on the site application.	I
823	Average Daily Attendance for PM Snack must not exceed the site capacity for PM Snack on the site application.	I
986	Must complete questions 2 through 5, 7, 9, 11 if this is the Initial Contract Year.	I
987	Must complete questions 9, 11, 12, 14 if this is a Renewal Contract Year.	I
988	Must indicate whether this is the Initial Contract Year or a Renewal Contract Year.	I
989	Must complete the Food Service Management Company Contract Fact Sheet if Food Service Management Company Services question is yes.	I
999	Claim is on Hold.	I
1000	Mailing address of the Sponsoring Organization must be completed.	I
1001	The name, title and phone number of the Chief Administrator must be provided (phone extension, fax and e-mail are not required).	I
1002	The name, title and phone number of the Contact Person must be provided (phone extension, fax and e-mail are not required).	I
1003	Street address of the Sponsoring Organization must be completed.	I
1004	If at least one Site is participating in the lunch or breakfast program, the name, title and phone number of the Food Service Director must be completed.	A

1005	If meals or snacks are purchased from another school, the name of the sponsor must be provided.	I
1006	If 'Purchase Prepackaged Meals/Snacks' is 'Yes', the name of company purchased from must be provided.	I
1007	If 'Do You Sell Meals/Snacks?' is 'Yes', the 'number of sponsors to whom meals are sold' must be entered.	I
1008	If contracting with a food service management company(FSMC), the name of the FSMC must be supplied.	I
1009	Hearings Official's name and title must be completed.	A
1010	Approving Official title must be completed unless Special Milk sponsor with Pricing Program with no Free Milk or Non-Pricing.	I
1011	If 'Charge Students Milk' is selected, amount charged must be supplied.	I
1012	If 'Pricing Program with Free Milk' is selected, amount charged must be supplied.	I
1013	Meal Prices - Breakfast reduced price can't exceed the cap assigned in the system.	I
1014	Meal Prices - Lunch reduced price can't exceed the cap assigned in the system.	I
1015	Meal Prices - Snack reduced price can't exceed the cap assigned in the system.	I
1022	Qualifying Information cannot be "N/A" unless sponsor is RCCI and Day Students = "N".	I
1023	Tier Pricing adult prices cannot be less than the highest student tier pricing price + system assigned value (currently \$.40) unless the sum of all student prices for Tier Pricing = 0.	I
1024	Tier Pricing Reduced price cannot exceed the Maximum Reduced Lunch cap assigned in the system.	I
1025	Lunch adult prices cannot be less than the highest student lunch price + system assigned value (currently \$.40) unless Lunch a la carte price box is checked.	I
1026	Reduced Breakfast price must be completed if there is an amount for High School, or Middle/Jr. High Schools or Elementary Schools.	I
1027	Reduced Lunch price must be completed if there is an amount for High School, or Middle/Jr. High Schools or Elementary Schools.	I
1028	Reduced Tier Pricing price must be completed if there is an amount for High School, or Middle/Jr. High Schools or Elementary Schools.	I
1029	Reduced Afterschool Snack price must be completed if there is an amount for High School, or Middle/Jr. High Schools or Elementary Schools.	I

1030	If meals or snacks are purchased from another school, the agreement number must be valid.	I
1203	If Regular After School Snack is checked on the Site Application, Regular After School Snack Enrollment, # of sites, and at least 1 of Projected Daily Numbers must be completed on the Sponsor Application.	I
1204	If Area Eligible After School Snack is checked on the Site Application, Area Eligible After School Snack Enrollment, # of sites, and at least 1 of Projected Daily Numbers must be completed on the Sponsor Application.	I
1205	If Special Milk is checked on the Site Application, one of [School Milk],[Summer Camp],[Private Non Profit Organization],[Homeless Shelter] Enrollment, # of sites, and at least 1 of Projected Daily Numbers must be completed on the Sponsor Application.	I
1206	If Special Milk is checked on the Site Application, at least 1 of the checkboxes in the Special Milk Program Information section must be completed on the Sponsor Application.	I
1207	Invalid Alternate Building Number of site to use for determining Area Eligible snack.	I
1208	If Private RCCI, a Certificate of Compliance Expiration Date must be specified.	I
1212	A Menu Planning Method must be selected.	I
1214	If a Provision is indicated, the base year must be completed.	I
1216	'Grades or Ages Served' must be completed.	I
1218	If doing Nutrient Analysis of Menus by computer, software name must be specified.	I
1219	For 'Regular Afterschool Snack', eligibility percentage (Free Lunches / Lunches Served) must be less than 50.	A
1220	For 'Area Eligible Afterschool Snack', eligibility percentage (Free Lunches + Reduced Lunches / Lunches Served) must be 0% or greater than 50%.	I
1221	If serving Afterschool Snack, at least one day of the week must be selected and normal school ending time is required.	I
1222	Lunch service type must be selected.	I
1223	Food Safety Inspections answer can be N/A only if Breakfast and Lunch Service Types are "Children eat at another school".	I
1224	Food Safety Inspections answer must "Yes" or "No" when Breakfast and Lunch Service Types are "Other".	I
1230	Free lunches for all sites exceed free lunches claimed from two years prior.	A
1231	Reduced lunches for all sites exceed reduced lunches claimed from two years prior.	A

1232	Paid lunches for all sites exceed paid lunches claimed from two years prior.	A
1233	Total Lunches 'Served' must equal 'Paid' 'Free' 'Reduced' Lunches.	I
1401	If National School Lunch meals are claimed, at least one active and approved site must have this program selected.	I
1402	If School Breakfast meals are claimed, at least one active and approved site must have this program selected.	I
1403	If Severe Need Breakfast meals are claimed, at least one active and approved site must have this program selected.	I
1404	If Special Milk is claimed, at least one active and approved site must have this program selected.	I
1405	If After School Care <50% meals are claimed, at least one active and approved site must have this program selected.	I
1406	If After School Care >=50% meals are claimed, at least one active and approved site must have this program selected.	I
1407	If National School Lunch meals are claimed then Eligible Children must be completed.	I
1408	If School Breakfast meals are claimed then Eligible Children must be completed.	I
1409	If Severe Need Breakfast meals are claimed then Eligible Children must be completed.	I
1410	If After School Care <50% meals are claimed then Eligible Children must be completed.	I
1411	If After School Care >=50% meals are claimed then Eligible Children must be completed.	I
1412	Number of Sites Claiming must be completed if meals are claimed for that program.	I
1413	'Number of Sites Claiming' must be equal to the number of active/approved sites for that program.	I
1414	Days Meals Served must be completed if meals are claimed for that program.	I
1415	Days Meals Served cannot exceed the number of operating days for the claiming month.	I
1416	Average Milk cost per 1/2 pint purchased must be greater than zero if Free Milk is being claimed.	I
1417	If Special Milk is claimed, Average Milk cost per 1/2 pint purchased cannot exceed system defined maximum.	I

1418	Free meals claimed cannot exceed the number obtained by multiplying the free eligible by the number of operating days for each program listed on the claim unless sponsor type is Special Milk Only (types E-H).	I
1419	Reduced meals claimed cannot exceed the number obtained by multiplying the reduced eligible by the number of operating days for each program listed on the claim unless sponsor type is Special Milk Only (types E-H).	I
1420	Paid meals claimed cannot exceed paid eligible multiplied by the number of operating days for each program approved on the application.	I
1421	Total meals cannot exceed the number obtained by multiplying the enrollment by the number of operating days for each program listed on the claim unless sponsor type is Special Milk Only (types E-H).	I
1422	An 'Authorized Signer' must be selected.	I
1423	If Free Special Milk is claimed, number of free Eligible must be greater than zero.	I
1424	Free lunches claimed cannot exceed free eligibility multiplied by the sponsor's attendance factor.	A
1425	Reduced lunches claimed cannot exceed reduced eligibility multiplied by the sponsor's attendance factor.	A
1426	Paid lunches claimed cannot exceed paid eligibility multiplied by the sponsor's attendance factor.	A
1427	Revision date is required for revised claims.	I
1428	Special Milk is claimed then and Eligible Children for Special Milk must be completed.	I
1429	Days Meals Served cannot exceed the application operating days for the claiming month.	I
1436	There must be a claim for the prior month before this month can be paid.	A
1438	Claim is on Hold.	I
1448	A claim cannot be submitted for a month that does not have Operating Days on the Sponsor Application. For example, if there are 0 operating days entered on the Sponsor Application for July, the sponsor cannot submit a July claim.	I
1449	If "Average Milk Cost per 1/2 pint" purchased is entered, "Number of 1/2 pints of free milk served based on income eligibility" must be > 0.	I
1450	No breakfasts were reported for Adult (earned and paid) yet the sponsor application meal pricing information indicates that adult breakfasts are served. Please verify that this is correct.	A

1451	No Lunches were reported for Adult (earned and paid) yet the sponsor application meal pricing information indicates that adult lunches are served. Please verify that this is correct.	A
1452	No snacks were reported for Adult (earned and paid) yet the sponsor application meal pricing information indicates that adult snacks are served. Please verify that this is correct.	A
1453	No Other Revenue Dollars (including a la carte and separate milk sales) were reported. Please verify that this is correct.	A
1458	If "Number of ½ pints of milk served in Pricing or Non-Pricing Program" or "Number of ½ pints of free milk served based on income eligibility" is not 0, then Total Eligible, Sites Claimed, and Days Meals or Milk Served must be entered and must be greater t	I
1459	If "Pricing Program with No Free Milk" is selected on the Sponsor Application, then "Number of ½ pints of free milk served based on income eligibility" must be 0.	I
1460	If "Non-Pricing Program: Milk is provided free of charge to all children participating in the program" is selected on the Sponsor Application, then "Number of ½ pints of free milk served based on income eligibility" must be 0.	I
1461	If Pricing Program with No Free Milk Option: Milk is sold to all children participating in this program is checked on the application, paid eligible must be entered and free eligible must be 0.	I
1462	If Non-Pricing Program: Milk is provided free of charge to all children participating in the program is checked on the application, paid eligible must be entered and free eligible must be 0.	I
1465	The Number of 1/2 pints of milk served in Pricing or Non-Pricing Program was left blank.	I
1466	The Number of 1/2 pints of free milk served based on income eligibility was left blank.	I
1470	You are approved to serve Paid Breakfast on your application yet you did not claim any on your claim.	A
1471	You are approved to serve Free Breakfast on your application yet you did not claim any on your claim.	A
1472	You are approved to serve Reduced Breakfast on your application yet you did not claim any on your claim.	A
1473	You are approved to serve Paid Severe Need Breakfast on your application yet you did not claim any on your claim.	A
1474	You are approved to serve Free Severe Need Breakfast on your application yet you did not claim any on your claim.	A

1475	You are approved to serve Reduced Severe Need Breakfast on your application yet you did not claim any on your claim.	A
1476	You are approved to serve Paid Lunch on your application yet you did not claim any on your claim.	A
1477	You are approved to serve Free Lunch on your application yet you did not claim any on your claim.	A
1478	You are approved to serve Reduced Lunch on your application yet you did not claim any on your claim.	A
1479	You are approved to serve Paid Afterschool Snacks on your application yet you did not claim any on your claim.	A
1480	You are approved to serve Free Afterschool Snacks on your application yet you did not claim any on your claim.	A
1481	You are approved to serve Reduced Afterschool Snacks on your application yet you did not claim any on your claim.	A
1482	You are approved to serve Paid Area Eligible Afterschool Snacks on your application yet you did not claim any on your claim.	A
1483	You are approved to serve Free Area Eligible Afterschool Snacks on your application yet you did not claim any on your claim.	A
1484	You are approved to serve Reduced Area Eligible Afterschool Snacks on your application yet you did not claim any on your claim.	A
1485	You are approved to serve Paid Special Milk on your application yet you did not claim any on your claim.	A
1486	You are approved to serve Free Special Milk on your application yet you did not claim any on your claim.	A
1487	You are approved to serve Reduced Special Milk on your application yet you did not claim any on your claim.	A
1488	No meals have been entered on this claim.	I
1490	The number of breakfast meals claimed cannot be greater than the number of operating days entered on the claim multiplied by the sum of the CAP values entered for breakfast for each site for sites serving breakfast that month	I
1491	The number of Lunch meals claimed cannot be greater than the number of operating days entered on the claim multiplied by the sum of the CAP values entered for Lunch for each site for sites serving Lunch that month	I
1492	The number of Supper meals claimed cannot be greater than the number of operating days entered on the claim multiplied by the sum of the CAP values entered for Supper for each site for sites serving Supper that month	I

1493	The number of A.M. Snack meals claimed cannot be greater than the number of operating days entered on the claim multiplied by the sum of the CAP values entered for A.M. Snacks for each site for sites serving A.M. Snacks that month	I
1494	The number of P.M. Snack meals claimed cannot be greater than the number of operating days entered on the claim multiplied by the sum of the CAP values entered for P.M. Snacks for each site for sites serving P.M. Snacks that month	I
1496	Reduced Lunch K-3 meals can only be entered for Public Schools, please remove.	I
1497	Reduced Lunch K-3 meals has exceeded the number of Lunch Reduced Meals served to children, please reenter.	I
1498	Reduced Lunch K-3 meals has exceeded the District Population by more then 10%, please correct.	I
1601	Total Revenues must be greater than zero.	I
1602	Total Costs must be greater than zero.	I
1603	Total Current Assets must be greater than zero.	I
1604	Total Current Liabilities must be greater than zero.	A
1605	Net Cash must equal the Current Assets minus the Current Liabilities.	I
1606	PDE will recover the excess Severe Need Breakfast payments manually.	A
1806	Number of (Eligible Free + Eligible Reduced + Eligible Paid) must be equal to the Enrollment Reported in the Building Data.	I
1807	No Eligible Children reported on Building Data for claimed meals.	I
1811	The October Claim for this Fiscal Year needs to be revised to reflect the changes in the building data.	A
1812	Number of Paid lunches claimed cannot exceed the number obtained by multiplying the paid eligible by the number of operating days for lunch program.	I
1813	Number of Free lunches claimed cannot exceed the number obtained by multiplying the free eligible by the number of operating days for lunch program.	I
1814	Number of Reduced price lunches claimed cannot exceed the number obtained by multiplying the reduced price eligible by the number of operating days for lunch program.	I
1815	Number of Paid breakfasts claimed (regular or severe need) cannot exceed the number obtained by multiplying the paid eligible by the number of operating days for breakfast program.	I
1816	Number of Free breakfasts claimed (regular or severe need) cannot exceed the number obtained by multiplying the free eligible by the number of operating days for breakfast program.	I

1817	Number of Reduced price breakfasts claimed (regular or severe need) cannot exceed the number obtained by multiplying the reduced price eligible by the number of operating days for breakfast program.	I
1818	The building data grade level was not completed for this site. For each site check all grade levels that apply.	I
1819	Site operating days are greater than 31 days in the month. Please correct the operating days entered.	I
2001	Entry is required for number of children who received increased and decreased benefits.	I
2002	Number of applications entered for question #9 must be less than or equal to the number of applications entered for questions #7 and #8.	I
2003	Every question must be answered.	I
2004	The number of applications selected for verification must be at least 3% of the total free and reduced applications. Did you round up?	A
2005	The number of applications selected for verification must be at least 1% of the total free and reduced applications and 1/2% of TANF and food stamp applications. Did you round up?	A
2006	The number of applications selected for verification must be equal to the total free and reduced applications.	A
2007	Verification activities must be completed by December 15th.	A
2008	Verification activities must be completed by all sponsors except RCCI sponsors that are exempt.	I
2009	15a + 15b + 15f + 15g must = number of children whose eligibility changed due to verification.	I
2010	15c + 15d + 15e must = 15b.	I
2011	15h + 15i must = 15g.	I
2715	Breakfast Operating days must be entered.	I
2716	Lunch Operating days must be entered.	I
2717	Supper Operating days must be entered.	I
2718	AM Snack Operating days must be entered.	I
2719	PM Snack Operating days must be entered.	I
2720	Breakfast ADA must be entered.	I
2721	Lunch ADA must be entered.	I

2722	Supper ADA must be entered.	I
2723	AM Snack ADA must be entered.	I
2724	PM Snack ADA must be entered.	I
4001	Error updating/creating Application journal record.	
4002	Error updating/creating Contacts journal record.	
4003	Error updating/creating Locations journal record.	
4004	Could not create a row in the temp table.	
4005	Error updating/creating Site Application journal record.	
4006	Error updating/creating Operating Months journal record.	
4007	Error updating/creating Meal Pricing journal record.	
4008	Error updating/creating Estimated Meals journal record.	
4009	Error updating/creating Site Contact journal information.	
4010	Error updating/creating Site Address journal information.	
4011	Error updating/creating Center Address journal information.	
4012	Error updating/creating Center Contact journal information.	
4013	Error updating/creating Center Meals Served journal information.	
4014	Error updating/creating Center Application journal information.	
4015	Error updating/creating Site Meals Served journal information.	
4050	Error deleting Application Journal Information.	
4051	Error deleting Address Journal Information.	
4052	Error deleting Operating Months Journal Information.	
4053	Error deleting Meal Pricing Journal Information.	
4054	Error deleting Est. Meals Journal Information.	
4055	Error deleting Contacts Journal Information.	
4060	Error deleting Site Application Journal Information.	
4061	Error deleting Site Address Journal Information.	
4062	Error deleting Site Contact Journal Information.	
4063	Error deleting Site Meal Journal Information.	

4071	The date field must be greater than 12/31/2002 in audits section.	
4072	Application cannot be approved, the audit received date must be completed.	
4073	This is a non-pricing program in Washington. Your center may not charge separately for meals.	
4074	One method of reimbursement for Tier II providers must be selected.	
4080	Attendance at annual training is required in order for the application to be approved.	
4081	If the Institution attended annual training, a date you attended training is required in order for the application to be approved.	
4090	You have 25-150 facilities. The management plan's monitor staffing standards must be updated for the agreement to be approved.	
4502	# of students approved as FREE ELIGIBLE who are not subject to verification must be <= Total enrolled students.	I
4503	# of students Approved as FREE ELIGIBLE based on Food Stamp/TANF case number must be <= Total enrolled students.	I
4504	# of applications Approved as FREE ELIGIBLE based on Food Stamp/TANF case number must be <= # of students on the same line.	I
4505	# of students Approved as FREE ELIGIBLE based on income/household size must be <= Total enrolled students.	I
4506	# of applications Approved as FREE ELIGIBLE based on income/household size must be <= # of students on the same line.	I
4508	# of students approved as Total REDUCED PRICE ELIGIBLE reported must be <= total enrolled students.	I
4511	A Corrective Action Plan is required based on the date the verification activity was completed.	I
4514	The number of applications entered must be greater than zero when the number of students entered is greater than zero on question "Number Approved as FREE ELIGIBLE based on Food Stamp/TANF case number submitted on an application (Categorically Eligible)".	I
4515	The number of applications entered must be greater than zero when the number of students entered is greater than zero on question "Number Approved as FREE ELIGIBLE based on income/household size information submitted on an application".	I
4517	The number of National School Lunch Program Schools, must be > 0 for at least one program	I

4518	Number of enrolled students must be \geq the number of programs	I
4519	Number of applications approved as REDUCED PRICE based on application with household size and income submitted must be \geq the number of students on the same line.	I
4520	The number of applications entered must be greater than zero when the number of students entered is greater than zero on question Number of students and applications approved REDUCED based on an application indicating household size and income.	I
4521	Number of students approved REDUCED must be ≥ 1 if Provision 2-3 box ≥ 1 .	I
4523	FREE / REDUCED PRICE ELIGIBLE, No Change - Number of students must be \geq the number of applications.	I
4524	FREE / REDUCED PRICE ELIGIBLE, Responded, Changed to Reduced Price - Number of students must be \geq the number of applications.	I
4525	FREE / REDUCED PRICE ELIGIBLE, Responded, Changed to Paid - Number of students must be \geq the number of applications.	I
4526	FREE / REDUCED PRICE ELIGIBLE, Did Not Respond - Number of students must be \geq the number of applications.	I
4527	Number of students approved FREE must be ≥ 1 if Provision 2-3 box > 0 in question #2.	I
4530	If sponsor is not approved for Provision 2/3 for at least one site, cannot complete 2, 3, 4-D and 5-B where it says Provision 2/3.	I
4535	An e-mail address is required.	I
4536	Questions 2, 3, 4-D and 5-1 - Provision 2/3 Schools NOT OPERATING A BASE YEAR Lunch Only, cannot be completed if no sites are approved for Provision 2 or 3 for lunch on site application(s)	I
4537	4-D + 5-1 cannot exceed number of students in Provision 2/3 box in question Number 3.	I
4538	Certification box must be checked.	I
4540	REDUCED PRICE ELIGIBLE, Responded, Changed to Free - Number of students must be \geq the number of applications.	I
4541	Question 4 - The total number of students and applications approved as free (4A + 4B + 4C + 4D) cannot exceed the total number of enrolled students in question number 3.	I
4542	Question 5 - Total Number of Students and applications approved as reduced cannot exceed the total number of enrolled students in question 3.	I

4543	Total Number of Students Verified (question number 14) cannot be greater than the total number of enrolled students in Public or Private Schools or RCCIs in question number 3.	I
4545	Must enter date verification activities were completed in question 16	I
4550	Total number of applications verified must be equal to $(B4-2 + B4-3 + B5) \times$ question number 6.	I
4551	Number approved free or reduced applications on file as of October 1st must be equal to $(B4-2 + B4-3 + B5)$	I
4650	Application sponsor type is RCCI with no day students. "No Verification Required" must be selected.	I
4655	Application sponsor type is RCCI with day students. "No Verification Required" cannot be selected.	I
9998	This is 1999.	I
9999	0.00	I
10810	Number of day's food served cannot be greater than the number of calendar days in the claim month.	I
10811	Number of day's food served cannot be greater than the maximum number of days the site(s) operate(s).	I
10812	The at-risk eligibility for at least one center has expired. Contact your program specialist.	I
10813	The at-risk eligibility for at least one center will expire within 30 days. Contact your program specialist.	A
10814	The at-risk eligibility for at least one center will expire within 60 days. Contact your program specialist.	A
10815	The at-risk eligibility for at least one center will expire within 90 days. Contact your program specialist.	A
10816	At-Risk meals cannot be claimed during months when at-risk site(s) not in operation.	I
18601	Question 1 must be completed, please enter.	I
18602	Question 2 must be completed, please enter.	I
18603	Question 3 must be completed, please enter.	I
18604	Question 4 must be completed, please enter.	I
18605	Question 5 must be completed, please enter.	I

18606	Question 6 must be completed, please enter.	I
18607	Question 7 must be completed, please enter.	I
18608	Question 8 must be completed, please enter.	I
18609	Question 9 must be completed, please enter.	I
18610	Question 10 must be completed, please enter.	I
18611	Question 11 must be completed, please enter.	I
18612	Question 12 must be completed, please enter.	I
18613	Question 13 must be completed, please enter.	I
18614	Question 14 must be completed, please enter.	I
18615	Question 15 must be completed, please enter.	I
18616	Question 16 must be completed, please enter.	I
18617	Question 17 must be completed, please enter.	I
18618	Question 18 must be completed, please enter.	I
18619	Question 19 must be completed, please enter.	I
18620	Question 4 requires text input, please enter.	I
18621	Question 5 requires text input, please enter.	I
18622	Question 6 requires text input, please enter.	I
18623	Question 7 requires text input, please enter.	I
18624	Question 8 requires text input, please enter.	I
18625	Question 4 does not require text input, please remove.	I
18626	Question 5 does not require text input, please remove.	I
18627	Question 6 does not require text input, please remove.	I
18628	Question 7 does not require text input, please remove.	I
18629	Question 8 does not require text input, please remove.	I
18630	Management Plan cannot be approved while there are errors.	I
18631	Board Member 1 information is incomplete.	I
18632	Board Member 2 information is incomplete.	I
18633	Board Member 3 information is incomplete.	I

18634	Board Member 4 information is incomplete.	I
18635	Board Member 5 information is incomplete.	I
18636	Board Member 6 information is incomplete.	I
18637	Board Member 7 information is incomplete.	I
18638	Board Member 8 information is incomplete.	I
18639	Board Member 9 information is incomplete.	I
18640	Board Member 10 information is incomplete.	I
18641	Training Line 1 is Incomplete	I
18642	Training Line 2 is Incomplete	I
18643	Training Line 3 is Incomplete	I
18644	Training Line 4 is Incomplete	I
18645	Training Line 5 is Incomplete	I
18646	Training Line 6 is Incomplete	I
18647	Training Line 7 is Incomplete	I
18648	Training Line 8 is Incomplete	I
18649	Training Line 9 is Incomplete	I
18650	Training Line 10 is Incomplete	I
18651	Training Line 11 is Incomplete	I
18652	Training Line 12 is Incomplete	I
18653	All lines in Training Part I are required.	I
18654	Schedule Log Start Date/Closing Date are required.	I
18655	At least 2 Board Members are required.	I
18656	Section IV requires text input.	I
18660	Governing Boards must have policies and procedures in order to be approved.	I
18661	Governing Board question must be completed.	I
18662	Section IV must be completed, please enter.	I
18663	Start/Closing Date is incomplete.	I
18664	Reviewer/Site information is incomplete.	I

18665	You must comply with the training requirements or the agreement cannot be approved.	I
18666	You must comply with the Outside Employment Policy or the agreement cannot be approved.	I
18667	You must comply with Federal CACFP Recordkeeping Requirements. Your application will not be approved if you do not certify that you will keep the required records.	I
18668	You have indicated that you have multiple sites. Please indicate whether you have 25 - 150 sites.	I
18669	'Our organization has 25 - 150 facilities' must be answered 'Yes' when there are 25 or more sites on file for the year.	I
18670	Question 20 must be completed, please enter.	I
18671	Question 21 requires text input, please enter.	I
18672	You have indicated that you have 25 – 150 facilities. Sponsors are required to have one FTE monitor for each 25-150 facilities. You must complete the monitor staffing standards or your management plan will not be approved.	I
18673	At least one Monitoring Staffing row is incomplete. All items must be completed if any one item has been entered.	I
18675	You must comply with preoperational visits to each site or the agreement cannot be approved.	I
18676	Your organization must comply with verification of menus and menu records, daily attendance, meal counts during the monitoring visits.	I
18677	You must ensure that the facilities have valid licenses or the agreement cannot be approved.	I
18678	You must ensure that the organization will review facility records pertaining to block claims or the agreement cannot be approved.	I
18679	You must ensure that all staff members with monitoring responsibilities will be trained or the agreement cannot be approved.	I
18680	Question 1 requires text input, please enter.	I
18681	Question 2 requires text input, please enter.	I
18682	Question 3 requires text input, please enter.	I
18683	Question 9 requires text input, please enter.	I
18684	Question 10 requires text input, please enter.	I
18685	Question 11 requires text input, please enter.	I

18686	Question 12 requires text input, please enter.	I
18687	Question 13 requires text input, please enter.	I
18688	Question 14 requires text input, please enter.	I
18689	Question 15 requires text input, please enter.	I
18690	Question 16 requires text input, please enter.	I
18691	Question 17 requires text input, please enter.	I
18692	Question 18 requires text input, please enter.	I
18693	Question 19 requires text input, please enter.	I
18694	Question 20 requires text input, please enter.	I
18701	Question A.1 must be completed, please enter.	I
18702	Question A.2 must be completed, please enter.	I
18703	Question A.3 must be completed, please enter.	I
18704	Question A.4 must be completed, please enter.	I
18705	Question A.5 must be completed, please enter.	I
18706	Question A.1 requires text input, please enter.	I
18707	Question A.2 requires text input, please enter.	I
18708	Question A.3 requires text input, please enter.	I
18709	Question A.4 requires text input, please enter.	I
18710	Question A.5 requires text input, please enter.	I
18711	Question B.1 must be completed, please enter.	I
18712	Question B.2 must be completed, please enter.	I
18713	Question B.3 must be completed, please enter.	I
18714	Question B.4a must be completed, please enter.	I
18715	Question B.4b must be completed, please enter.	I
18716	Question B.1 requires text input, please enter.	I
18717	Question B.2 requires text input, please enter.	I
18718	Question B.3 requires text input, please enter.	I
18719	Question B.4b requires text input, please enter.	I

18720	Your organization must have a written Outside Employment policy that complies in order for your application to be approved.	I
18721	Revenue Source 1 information is incomplete.	I
18722	Revenue Source 2 information is incomplete.	I
18723	Revenue Source 3 information is incomplete.	I
18724	Revenue Source 4 information is incomplete.	I
18725	Revenue Source 5 information is incomplete.	I
18726	Revenue Source 6 information is incomplete.	I
18727	Revenue Source 7 information is incomplete.	I
18728	Revenue Source 8 information is incomplete.	I
18729	Revenue Source 9 information is incomplete.	I
18730	Revenue Source 10 information is incomplete.	I
18731	Publicly Funded Programs 1 information is incomplete.	I
18732	Publicly Funded Programs 2 information is incomplete.	I
18733	Publicly Funded Programs 3 information is incomplete.	I
18734	Publicly Funded Programs 4 information is incomplete.	I
18735	Publicly Funded Programs 5 information is incomplete.	I
18736	Publicly Funded Programs 6 information is incomplete.	I
18737	Publicly Funded Programs 7 information is incomplete.	I
18738	Publicly Funded Programs 8 information is incomplete.	I
18739	Publicly Funded Programs 9 information is incomplete.	I
18740	Publicly Funded Programs 10 information is incomplete.	I
18741	Question 3, at least 1 Revenue Source is required.	I
18742	Question 5, at least 1 Publicly Funded Program is required.	I
18743	If Question 1 is Accounting Software, then Question 2 is required.	I
18744	If Question 15 is "Other", then a description is required.	I
18745	At least 1 Training Item is required.	I
18746	If Question 2 is "Yes", then a description is required.	I

18747	Question A must be completed, please enter.	I
18751	Question 10 (Item 1) must be completed, please enter.	I
18752	Question 10 (Item 2) must be completed, please enter.	I
18753	Question 10 (Item 3) must be completed, please enter.	I
18754	Question 10 (Item 4) must be completed, please enter.	I
18755	Question 10 (Item 5) must be completed, please enter.	I
18756	Question 10 (Item 6) must be completed, please enter.	I
18771	Question 10 (Item 1) requires text input, please enter.	I
18772	Question 10 (Item 2) requires text input, please enter.	I
18773	Question 10 (Item 3) requires text input, please enter.	I
18774	Question 10 (Item 4) requires text input, please enter.	I
18775	Question 10 (Item 5) requires text input, please enter.	I
18776	Question 10 (Item 6) requires text input, please enter.	I
18777	You must comply with Federal CACFP Record keeping Requirements. Your application will not be approved if you do not certify that you will keep the required records.	I
18778	Question 22 must be completed, please enter.	I
18779	Question #1 must be answered "Yes".	I
18780	Question #2 must be answered "Yes".	I
18801	Question 2 (Location) CACFP state agency-sponsor agreement is incomplete.	I
18802	Question 2 (Location) Provider-sponsor agreement is incomplete.	I
18803	Question 2 (Location) Financial documents is incomplete.	I
18804	Question 2 (Location) Board of Director minutes is incomplete.	I
18805	Question 2 (Location) Tiering information is incomplete.	I
18806	Question 2 (Location) Provider license is incomplete.	I
18807	Question 2 (Location) Enrollment forms is incomplete.	I
18808	Question 2 (Location) Menus, meal counts is incomplete.	I
18809	Question 2 (Location) Other is incomplete.	I
18821	Question 2 (Retention) CACFP state agency-sponsor agreement is incomplete.	I

18822	Question 2 (Retention) Provider-sponsor agreement is incomplete.	I
18823	Question 2 (Retention) Financial documents is incomplete.	I
18824	Question 2 (Retention) Board of Director minutes is incomplete.	I
18825	Question 2 (Retention) Tiering information is incomplete.	I
18826	Question 2 (Retention) Provider license is incomplete.	I
18827	Question 2 (Retention) Enrollment forms is incomplete.	I
18828	Question 2 (Retention) Menus, meal counts is incomplete.	I
18829	Question 2 (Retention) Other is incomplete.	I
18830	Training Line 13 is Incomplete	I
18831	Training Line 14 is Incomplete	I
18832	You have indicated that your organization will do review averaging. You must describe your plan.	I
18840	Either Not Claiming Indicator must be checked or Title XX Eligible Enrolled column or Number of Free and Reduced Eligible Enrolled column must be completed.	I