

**INSTRUCTIONS FOR
FOOD & NUTRITION
SUMMER FOOD SERVICE PROGRAM (SFSP)
CLAIM FOR REIMBURSEMENT – SITE LEVEL**

Those contracting entities that **do not** use the Texas Unified Nutrition Programs System (TX-UNPS), use this form to submit a SFSP Claim for Reimbursement – Site Level. You need to complete page 1 for each site you wish to claim for the month/year indicated. You may not enter multiple sites on the same page 1. Page 2 is for consolidation and certification, therefore, you will complete only a single page 2. A copy of this completed form, with all supporting documentation, must be kept by the contracting entity. Claims must be postmarked or received by the Texas Department of Agriculture (TDA) Food and Nutrition (F&N) no later than 60 days after the last day of the claim month.

CONTACT INFORMATION

1. **Name of Contracting Entity (CE)** – Enter the legal name of the contracting entity.
2. **CE ID** – Enter your Five-digit CE ID that has been assigned to you by TX-UNPS. If you do not know your CE ID, leave blank.
3. **Month/Year Claimed** - Enter the month and the year for which the claim is made.
4. **Version** – Enter the version for this submittal. If this is your initial submittal for this Month/Year, you will enter “Original”. For each version (adjustment) submitted after your initial submittal, enter “Adjustment 1”, “Adjustment 2”, and so on.
5. **Claim Preparer** – Enter the following for the contracting entity’s staff member who completed this claim: salutation, first name and last name. The salutation is a required field and must be one of the following: Brother, Dr., Father, Honorable, Miss, Mr., Mrs., Ms., Msgr., Rabbi, Reverend or Sister. This person must be an Authorized Representative.
6. **Email Address** – Enter the email address of the claim preparer.
7. **Phone** – Enter the phone number (include area code) and extension of the claim preparer.
8. **Fax** – Enter the fax number (include area code) of the claim preparer.
9. **Title** – Enter the title of the claim preparer.

Site Name and Site ID – Enter the Site Name and Site ID. The Site ID is the four-digit number that has been assigned to the site by TX-UNPS. If you do not know the Site ID, leave blank.

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

- 1-5. **First Meals Served** – Enter the number of first meals served for this site for (1) Breakfast, (2) AM Snack, (3) Lunch, (4) PM Snack, and (5) Supper for the month/year claiming.
 - 1-5. **Second Meals Served** – Enter the number of second meals served for this site for (1) Breakfast, (2) AM Snack, (3) Lunch, (4) PM Snack, and (5) Supper for the month/year claiming. **Note:** You will not be reimbursed for second meals that exceed 2% of first meals.
 - 1-5. **Camp Meals Served** – Enter the number of camp meals served for this site for (1) Breakfast, (2) AM Snack, (3) Lunch, (4) PM Snack, and (5) Supper for the month/year claiming.
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Vended-Urban Meals Served to Children

- 6-10. **First Meals Served** – Enter the number of first meals served for this site for (1) Breakfast, (2) AM Snack, (3) Lunch, (4) PM Snack, and (5) Supper for the month/year claiming.
- 6-10. **Second Meals Served** – Enter the number of second meals served for this site for (1) Breakfast, (2) AM Snack, (3) Lunch, (4) PM Snack, and (5) Supper for the month/year claiming. **Note:** You will not be reimbursed for second meals that exceed 2% of first meals.
- 6-10. **Camp Meals Served** – Enter the number of camp meals served for this site for (1) Breakfast, (2) AM Snack, (3) Lunch, (4) PM Snack, and (5) Supper for the month/year claiming.
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General Information

1. **Period covered by this claim** – Enter the month, day and year covered by this claim in the From: and To: field. For example, if CE's sites started serving on June 3rd and stopped serving on June 25th, you would enter From: 06/03/20XX To: 06/25/20XX. **Note:** The From: field cannot be before the approved meal service Start date for any of the sites claiming.
 2. **Number of participating sites for the claim period** – Enter the total number of sites included on the claim.
 - 3-7. **Number of Participating Sites** – Enter the number of participating sites serving (3) Breakfast, (4) AM Snack, (5) Lunch, (6) PM Snack, and (7) Suppers served for the month/year claiming.
 - 3-7. **Total Number of Days Food Served** – Enter the total number of days food was served for (3) Breakfast, (4) AM Snack, (5) Lunch, (6) PM Snack, and (7) Supper for the month/year claiming. This will be the total days of service for the site operating the most days.
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CERTIFICATION

Read the Certification Statement. An authorized representative of the contracting entity signs, dates and prints their name and title.

SUBMITTAL

CEs Not Using TX-UNPS – Submit to one of the following:

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Claims
P.O. Box 12847
Austin, Texas 78711-2847

Overnight/Deliver to:

Texas Department of Agriculture
Food and Nutrition
Attn: F&N Business Operations – Claims
1700 North Congress Ave.
Austin, Texas 78701

Fax to:

(888) 232-2759

Receipt of faxed forms by TDA F&N may be confirmed by calling (800) 264-5732 during normal business hours.