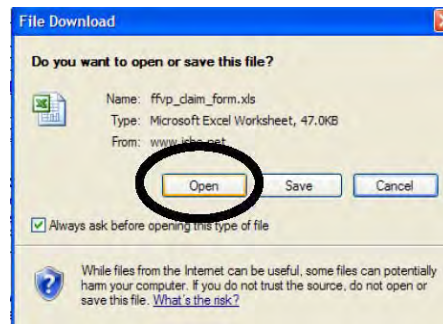



Steps to Completing the Fresh Fruit and Vegetable Program Claim for Reimbursement

1. The Fresh Fruit and Vegetable Program (FFVP) Claim for Reimbursement is available online at http://www.isbe.net/nutrition/excel/ffvp_claim_form.xls. A Claim for Reimbursement must be submitted for each calendar month. It is recommended that claims be submitted no later than the 10th of the month following the claim period to ensure prompt payment. Original claims for the claim period must be submitted within 60 calendar days of the last day of the claim period. For example, a claim for the month of August 2010 must be submitted no later than October 30, 2010. (List of Claim Deadlines available online.)
2. After clicking on the link above, *Open* the file.




3. Access the *Claim Cover* worksheet (the tab is located at the bottom of the page). This is the front page of the claim. See item circled below in yellow.

Fresh Fruit and Vegetable Program Claim for Reimbursement			
 Nutrition Programs Division Illinois State Board of Education 100 North First Street (W-270) Springfield, IL 62777-0001 (800) 545-7892 or (217) 782-2491 Fax: (217) 524-6124			
District Name:		School Year:	2010-2011
District Address:		Grant Fiscal Year:	
City, State, Zip:		Claim Month and Year:	
Agreement Number:		No. of FFVP Serving Days:	
School Name:		School City:	
Principal's Name:		School Phone:	
Instructions: Submit <u>one copy</u> to the Illinois State Board of Education no later than the tenth of the month following the month covered by the claim. Retain a copy for your records. All receipts, invoices, and other evidence of purchase must be retained and available for further review or audit for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain.			
Fresh Fruit and Vegetable Program Expenses:			
Fruits:			\$0.00
Vegetables:			\$0.00
Operating Costs:			\$0.00
Operating Labor:			\$0.00
Administrative Costs:			\$0.00
Total Claim:			\$0.00
FFVP Contact, Preparer, and Authorized Representative:			
FFVP Contact Name:		FFVP Contact Phone:	
FFVP Contact Email:			
Worksheet tabs: Claim Cover (circled in yellow), Fruits, Vegetables, Op and Admin Costs			


4. Enter the Sponsor information (circled in red). Each required field may be selected by pressing the *tab* button and entering the appropriate data. The required areas to complete on this tab include the following:
 - District Name—Column B, Row 3
 - District Address—Column B, Row 4
 - City, State, Zip—Column B, Row 5
 - Agreement Number—Column B, Row 6

- Grant Fiscal Year—Column D, Row 4
 - This is the Federal fiscal year (FY).
 - July 1, 2010–September 30, 2010 = FY2010
 - October 1, 2010–June 30, 2011 = FY2011
- Claim Month and Year—Column D, Row 5
- No. of FFVP Serving Days—Column D, Row 6
 - List the number of days that **fruits and vegetables were served** to the students, not the number of school days that month. **NOTE:** This will be used to monitor the sites in FFVP to ensure that each site serves fresh fruits and/or vegetables at least twice per week.

Fresh Fruit and Vegetable Program Claim for Reimbursement			
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3	District Name:		School Year: 2010-2011
4	District Address:		Grant Fiscal Year:
5	City, State, Zip:		Claim Month and Year:
6	Agreement Number:		No. of FFVP Serving Days:
7			
8	School Name:		School City:
9	Principal's Name:		School Phone:
10	Instructions: Submit <u>one copy</u> to the Illinois State Board of Education no later than the tenth of the month following the month covered by the claim. Retain a copy for your records. All receipts, invoices, and other evidence of purchase must be retained and available for further review or audit for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain.		
11			
12			
13	Fresh Fruit and Vegetable Program Expenses:		
14	Fruits:		\$0.00
15	Vegetables:		\$0.00
16	Operating Costs:		\$0.00
17	Operating Labor:		\$0.00
18	Administrative Costs:		\$0.00
19	Total Claim:		\$0.00
20	Page 1		
21	FFVP Contact, Preparer, and Authorized Representative:		
22	FFVP Contact Name:		FFVP Contact Phone:
23	FFVP Contact Email:		
24	Claim Cover: Fruits Vegetables Op and Admin Costs		

5. Enter the Site information (circled in blue). Each of the required fields may be selected by pressing the *tab* button and entering in the appropriate data. The required areas to complete on this tab include the following:

- School Name—Column B, Row 8
- Principal's Name—Column B, Row 9
- School City—Column D, Row 8
- School Phone—Column D, Row 9

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3	District Name:		School Year: 2010-2011
4	District Address:		Grant Fiscal Year:
5	City, State, Zip:		Claim Month and Year:
6	Agreement Number:		No. of FFVP Serving Days:
7			
8	School Name:		School City:
9	Principal's Name:		School Phone:
10	Instructions: Submit <u>one copy</u> to the Illinois State Board of Education no later than the tenth of the month following the month covered by the claim. Retain a copy for your records. All receipts, invoices, and other evidence of purchase must be retained and available for further review or audit for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain.		
11			
12			
13	Fresh Fruit and Vegetable Program Expenses:		
14	Fruits:		\$0.00
15	Vegetables:		\$0.00
16	Operating Costs:		\$0.00
17	Operating Labor:		\$0.00
18	Administrative Costs:		\$0.00
19	Total Claim:		\$0.00
20	Page 1		

6. Enter the FFVP Contact, Preparer, and Authorized Representative information (circled in purple). Each required field may be selected by pressing the *tab* button and entering the appropriate data. The required areas to complete on this tab include the following:

- FFVP Contact Name—Column B, Row 21
- FFVP Contact Email—Column B, Row 22
- FFVP Contact Phone—Column D, Row 21
- Claim Preparer Name—Column B, Row 25
- Claim Preparer Email—Column B, Row 26
- Claim Preparer Phone—Column D, Row 25
- Authorized Rep Name—Column B, Row 29
- Authorized Rep Email—Column B, Row 30
- Authorized Rep Signature—Column B, Row 31
 - This must be signed by the Authorized Representative or the claim will not be processed. To avoid delays, have the appropriate signature on this line prior to submitting the claim.
- Authorized Rep Phone—Column D, Row 29

The remaining cells in this section are optional but beneficial to complete.

21	FFVP Contact, Preparer, and Authorized Representative:	
22	FFVP Contact Name:	FFVP Contact Phone:
23	FFVP Contact Email:	
24		
25	Claim Preparer Name:	Claim Preparer Phone:
26	Claim Preparer Email:	
27		
28	Authorized Rep Name:	Authorized Rep Phone:
29	Authorized Rep Email:	
30	Signature (REQUIRED): (Claim will not be processed without it)	Date:

7. Scroll to the bottom of that sheet and answer the following questions related to the FFVP at this school for this calendar month.

33	Questions/Comments:
34	1) What nutrition education activities were offered this month?
35	
36	2) How did you promote the FFVP in your school this month?
37	
38	3) Describe any FFVP challenges you may have faced this month.

8. Access the *Fruits* worksheet (tab at the bottom of the screen). See item circled below in red.

	A	B	C	D	E	F
1	Fresh Fruits					
	Food Code	Fruit Description	Size/Weight of Shipping Unit	Number of Units	Cost Per Unit	Total Cost
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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24						
25						
26						
27						

9. Enter the fresh fruits purchased for the FFVP during this calendar month. Food code is optional. Enter each item separately, listing the product description, size/weight of shipping unit, number of units, and cost per unit. The column for Total Cost will be automatically calculated. The sheet will total the purchases of fresh fruits. NOTE: The USDA does not require that purchased labor be excluded from this area of the claim. If you purchase pre-cut produce, include the total cost as a fresh fruit. The total will appear near the bottom of this sheet. See below.

55						
56						
57						
58	FRUITS TOTAL:					\$90.00

This total will also appear on the Claim Cover. See below.

14	Fruits:	\$90.00
15	Vegetables:	\$0.00
16	Operating Costs:	\$0.00
17	Operating Labor:	\$0.00
18	Administrative Costs:	\$0.00
19	Total Claim:	\$90.00

10. Access the *Vegetables* worksheet (tab at the bottom of the screen). See item circled below in green.

1	Operating Costs				
2	Small supplies for preparing and serving produce				Total Costs:
3					
4					
5					
6					
7					
8					
9					
10					
11	OPERATING COSTS TOTAL:				
12					
13	Operating Labor				
14	ONLY claim time worked preparing and serving FFVP produce. TOTAL LIMITED TO 25 PERCENT OF GRANT.				
15	Employee Name	Hourly Rate of Pay	Hours Worked	Benefits	Total Labor:
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	OPERATING LABOR TOTAL:				
26					
27	Administrative Costs				
28	Equipment, leasing, and labor. TOTAL LIMITED TO 10 PERCENT OF GRANT.				Total Costs:
29					
30					
31					
32					
33					
34					
35					
36					

13. Enter any operating costs, operating labor, administrative costs and/or administrative labor incurred during this calendar month; provide as much detail as possible. Enter each item separately. The column for Operating Costs Total, Operating Labor Total, as well as Administrative Costs Total will be calculated. This sheet will also display the Grand Total Fruits and Vegetables and Operating and Administrative Costs for that claim period. The total will appear near the bottom of the sheet.

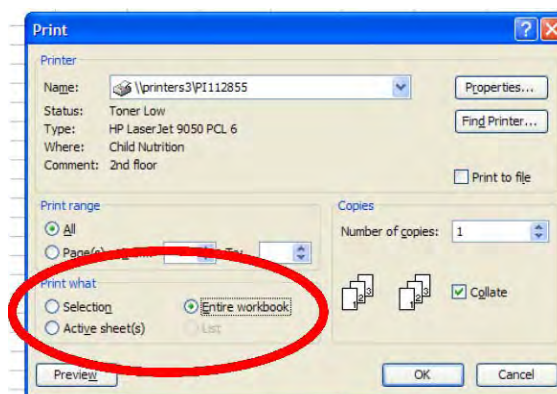
These totals will also appear on the Claim Cover. See below.

12			
13	Fresh Fruit and Vegetable Program Expenses:		
14	Fruits:		\$90.00
15	Vegetables:		\$81.00
16	Operating Costs:		\$125.00
17	Operating Labor:		\$64.00
18	Administrative Costs:		\$1,238.00
19	Total Claim:		\$1,598.00
20			

14. Access the tab Claim Cover.

<p align="center">Fresh Fruit and Vegetable Program Claim for Reimbursement</p> <p align="center">Nutrition Programs Division Illinois State Board of Education 100 North First Street (W-270) Springfield, IL 62777-0001 (800) 545-7892 or (217) 782-2491 Fax: (217) 524-6124</p>			
1			
2			
3	District Name:		School Year: 2010-2011
4	District Address:		Grant Fiscal Year:
5	City, State, Zip:		Claim Month and Year:
6	Agreement Number:		No. of FFVP Serving Days:
7			
8	School Name:		School City:
9	Principal's Name:		School Phone:
10	<p>Instructions: Submit <u>one copy</u> to the Illinois State Board of Education no later than the tenth of the month following the month covered by the claim. Retain a copy for your records. All receipts, invoices, and other evidence of purchase must be retained and available for further review or audit for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain.</p>		
11			
12			
13	Fresh Fruit and Vegetable Program Expenses:		
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16	Operating Costs:		\$125.00
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19	Total Claim:		\$1,598.00
20			
21	FFVP Contact, Preparer, and Authorized Representative:		
22	FFVP Contact Name:		FFVP Contact Phone:
23	FFVP Contact Email:		

- In the center of page, the total costs for Fruits, Vegetables, Operating Costs, Operating Labor and Administrative Costs will be listed. A total claim amount will also be listed (circled in blue).
- Save the Claim for Reimbursement with a descriptive name including the claim month.
- Next, print the workbook. Click on File, Print. A dialogue box will open (see below). Select print the Entire Workbook (circled in red) and then OK.



- Obtain the required signature on the claim cover page. Submit one original signed claim containing the entire workbook of pages (cover page, fruit tab, vegetable tab and op/admin tab) to the Illinois State Board of Education at the following address **or** fax it to 217.524.6124 Attn: Lindsay, **or** scan in the claim and email it to lblough@isbe.net.

Nutrition Programs Division
Illinois State Board of Education
FFVP
100 North First Street (W-270)
Springfield, IL 62777-0001

If you have any questions regarding the claim process, please contact Lindsay Blough (lblough@isbe.net) or Roxanne Ramage (rramage@isbe.net) at 800.545.7892 or 217.782.2491.