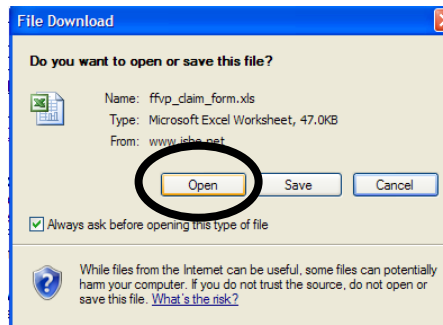



Steps to Completing the Fresh Fruit and Vegetable Program Claim for Reimbursement

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 2008 must be submitted no later than October 30, 2008.
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.

	A	B	C	D
	Fresh Fruit and Vegetable Program Claim for Reimbursement Illinois State Board of Education (ISBE) Nutrition Programs Division 100 North First Street (W-270) Springfield, IL 62777-0001 (800) 545-7892 or (217) 782-2491 FAX: (217) 524-6124			
1				
2				
3	District Name:		School Year:	2009-2010
4	District Address:		Grant Fiscal Year:	
5	City, State Zip:		Claim Month & Year:	
6	Agreement Number:		# of Serving Days:	
7				
8	School Name:		School City:	
9	Principal's Name:		School Phone:	
10	Instructions: Submit one copy to ISBE no later than the 10th 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 3 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		Vegetables, Fruits and Admin Costs:		\$0.00
18				
19				
20				
21				
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29				
30				
31				


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, 2009–September 30, 2009 = FY2009
 - October 1, 2009–June 30, 2010 = FY2010
- Claim Month and Year—Column D, Row 5
- No. of Serving Days—Column D, Row 6
 - List the number of days that fruits and vegetables were served to the students.

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2				
3	District Name:		School Year:	2009-2010
4	District Address:		Grant Fiscal Year:	
5	City, State Zip:		Claim Month & Year:	
6	Agreement Number:		# of Serving Days:	
7				
8	School Name:		School City:	
9	Principal's Name:		School Phone:	
10	Instructions: Submit one copy to ISBE no later than the 10th 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 3 years after the date of submission of the final claim for the fiscal year to which they pertain.			
11				

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

	A	B	C	D
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1				
2				
3	District Name:		School Year:	2009-2010
4	District Address:		Grant Fiscal Year:	
5	City, State Zip:		Claim Month & Year:	
6	Agreement Number:		# of Serving Days:	
7				
8	School Name:		School City:	
9	Principal's Name:		School Phone:	
10	Instructions: Submit one copy to ISBE no later than the 10th 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 3 years after the date of submission of the final claim for the fiscal year to which they pertain.			
11				
12				

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.

	A	B	C	D
19				
20	FFVP Contact, Preparer and Authorized Representative:			
21	FFVP Contact Name:		FFVP Contact Phone:	
22	FFVP Contact Email:			
23	Signature (Optional):		Date:	
24				
25	Claim Preparer Name:		Claim Preparer Phone:	
26	Claim Preparer Email:			
27	Signature (Optional):		Date:	
28				
29	Authorized Rep Name:		Authorized Rep Phone:	
30	Authorized Rep Email:			
31	Signature (REQUIRED):		Date:	
32				

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.

1	Fresh Fruits					
2	Food Code	Fruit Description	Size/Weight of Shipping Unit	Number of Units	Cost Per Unit	Total Cost
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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22						
23						
24						
25						
26						
27						

Worksheet tabs: Claim Cover, **Fruits**, Vegetables, Op and Admin Costs

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 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:					\$505.75
59						

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

13	Fresh Fruit and Vegetable Program Expenses:	
14	Fruits:	\$505.75
15	Vegetables:	\$0.00
16	Operating Costs:	\$0.00
17	Administrative Costs:	\$0.00
18	Total Claim:	\$505.75

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

1	Fresh Vegetables					
2	Food Code	Vegetable Description	Size/Weight of Shipping Unit	Number of Units	Cost Per Unit	Total Cost
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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21						
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23						
24						
25						
26						
27						

At the bottom of the spreadsheet, the worksheet tabs are visible: Claim Cover, Fruits, **Vegetables** (circled in green), and Admin Costs.

11. Enter in the fresh vegetables that were 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 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 vegetable.** The total will appear near the bottom of this sheet. See below.

55						
56						
57						
58						VEGETABLES TOTAL: \$543.50
59						

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

13 Fresh Fruit and Vegetable Program Expenses:		
14	Fruits:	\$505.75
15	Vegetables:	\$543.50
16	Operating Costs:	\$0.00
17	Administrative Costs:	\$0.00
18	Total Claim:	\$1,049.25

12. Access the worksheet *Op and Admin Costs* (tab at the bottom of the screen). See item circled below in purple.

	A	B
1	Operating Costs	
2	Operating Cost Categories=Labor (ONLY for preparation and service of Fruits & Vegetables) and small supplies.***Must provide an itemized gas/mileage receipt***	Total Costs:
3	adafasd	
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23	OPERATING COSTS TOTAL:	\$0.00
24		
25	Administrative Costs	
26	Administrative Cost Categories=Equipment, leasing, labor involving planning, ordering, reporting, tracking inventory, etc. TOTAL LIMITED TO 10% of GRANT.	Total Costs:
27		

Worksheet tabs: Claim Cover / Fruits / Vegetables / **Op and Admin Costs** /


13. Enter any operating costs or administrative costs incurred during this calendar month; provide as much detail as possible. Enter each item separately. The column for Operating Costs 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 this sheet. See below.

45		
46	ADMINISTRATIVE COSTS TOTAL:	\$225.00
47		
48	GRAND TOTAL FRUITS, VEGETABLES, OPERATING & ADMINISTRATIVE COSTS:	\$1,888.25
49		

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

13	Fresh Fruit and Vegetable Program Expenses:	
14	Fruits:	\$505.75
15	Vegetables:	\$543.50
16	Operating Costs:	\$614.00
17	Administrative Costs:	\$225.00
18	Total Claim:	\$1,888.25
19		

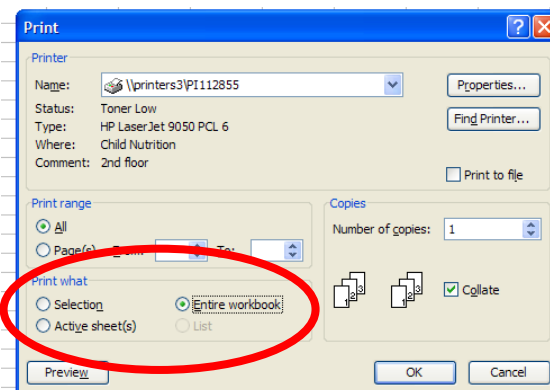
14. Access the tab *Claim Cover*. See item circled below in yellow.

	A	B	C	D
	Fresh Fruit and Vegetable Program Claim for Reimbursement Illinois State Board of Education (ISBE) Nutrition Programs Division 100 North First Street (W-270) Springfield, IL 62777-0001 (800) 545-7892 or (217) 782-2491 FAX: (217) 524-6124			
1				
2				
3	District Name:		School Year:	2009-2010
4	District Address:		Grant Fiscal Year:	
5	City, State Zip:		Claim Month & Year:	
6	Agreement Number:		# of Serving Days:	
7				
8	School Name:		School City:	
9	Principal's Name:		School Phone:	
10				
11	Instructions: Submit <u>one copy</u> to ISBE no later than the 10th 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 and audit for a period of 3 years after the date of submission of the final claim for the fiscal year to which they pertain.			
12				
13	Fresh Fruit and Vegetable Program Expenses:			
14		Fruits:		\$505.75
15		Vegetables:		\$543.50
16		Operating Costs:		\$614.00
17		Administrative Costs:		\$225.00
18		Total Claim:		\$1,888.25
19				
20	FFVP Contact, Preparer and Authorized Representative:			
21	FFVP Contact Name:		FFVP Contact Phone:	
22	FFVP Contact Email:			
	Claim Cover / Fruits / Vegetables / Op and Admin Costs			

15. In the center of page, the total costs for Fruits, Vegetables, Operating Costs, and Administrative Costs will be listed. A total claim amount will also be listed (circled in blue).

16. Save the Claim for Reimbursement with a descriptive name including the claim month.

17. 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*.



18. Obtain the required signature on the first page. Submit one original signed copy to the Illinois State Board of Education at the following address or fax to 217.524.6124, Attn: Stephanie Custer.

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

If you have any questions regarding this program, please contact Lindsay Blough (lblough@isbe.net), Stephanie Custer (scuster@isbe.net), or Roxanne Ramage (rramage@isbe.net) at 800.545.7892 or 217.782.2491.