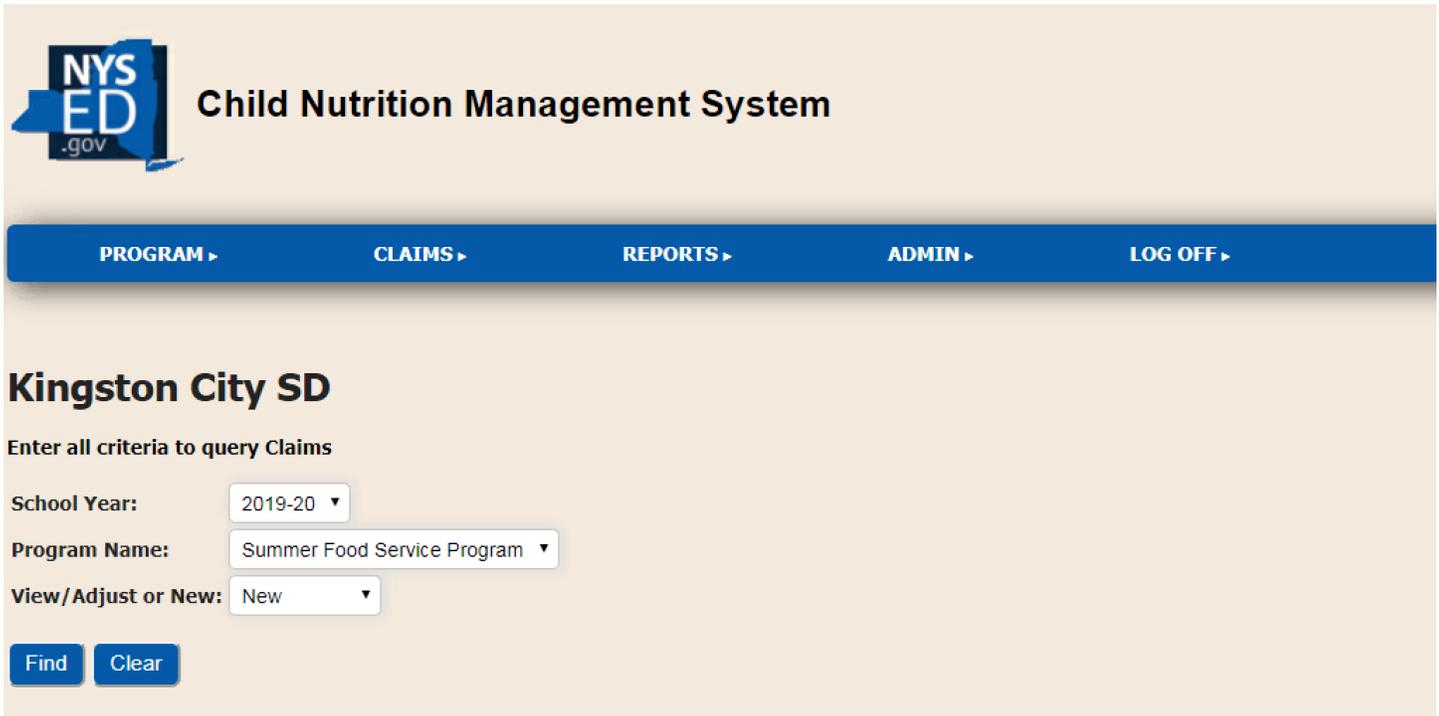


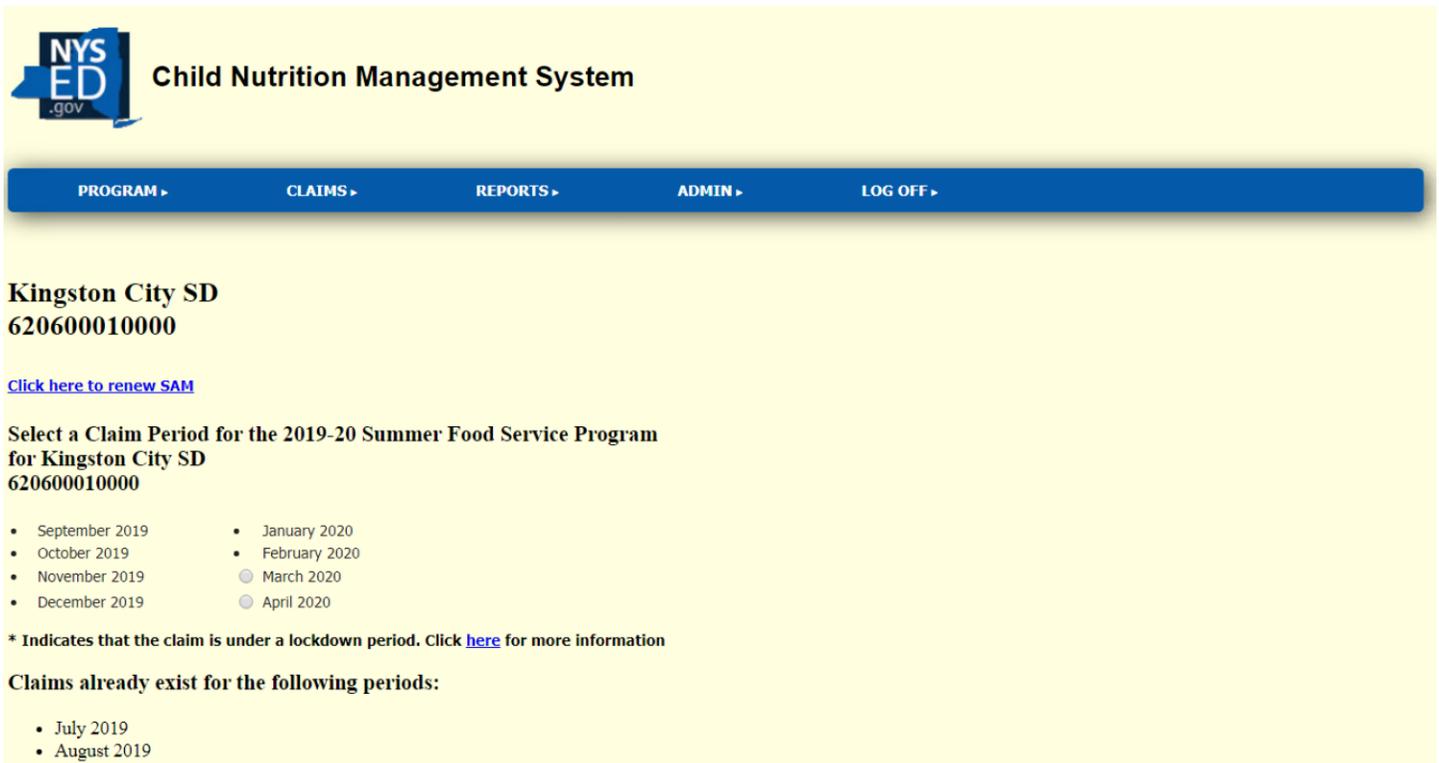
Emergency COVID-19 Claim Instructions for Sponsors

Log into CNMS and from the 'Claims' tab on the blue bar, click on 'View/New'. Make sure you are choosing the school year 2019-20 and the program name is 'Summer Food Service Program.' If this is the first time you are entering emergency claims, choose 'New.' This process is very similar to submitting a regular SFSP claim.



The screenshot shows the NYS ED Child Nutrition Management System interface. At the top left is the NYS ED .gov logo. To its right is the title "Child Nutrition Management System". Below this is a blue navigation bar with the following menu items: PROGRAM >, CLAIMS >, REPORTS >, ADMIN >, and LOG OFF >. The main content area is titled "Kingston City SD". Below the title is the instruction "Enter all criteria to query Claims". There are three dropdown menus: "School Year:" with "2019-20" selected, "Program Name:" with "Summer Food Service Program" selected, and "View/Adjust or New:" with "New" selected. At the bottom left of the search area are two buttons: "Find" and "Clear".

Next you will choose the month you wish to claim for by selecting the radio button.



The screenshot shows the NYS ED Child Nutrition Management System interface for claim selection. At the top left is the NYS ED .gov logo. To its right is the title "Child Nutrition Management System". Below this is a blue navigation bar with the following menu items: PROGRAM >, CLAIMS >, REPORTS >, ADMIN >, and LOG OFF >. The main content area is titled "Kingston City SD" and "620600010000". Below the title is a link: [Click here to renew SAM](#). The instruction "Select a Claim Period for the 2019-20 Summer Food Service Program for Kingston City SD 620600010000" is displayed. There are two columns of radio buttons for selecting a claim period: September 2019, October 2019, November 2019, December 2019, January 2020, February 2020, March 2020, and April 2020. Below the radio buttons is a note: "* Indicates that the claim is under a lockdown period. Click [here](#) for more information". At the bottom, the text "Claims already exist for the following periods:" is followed by a list of radio buttons for July 2019 and August 2019.

The following steps must be completed for each site you are claiming meals at

Click on the blue arrow and click on the LEA of the site(s) where you will claim emergency meals for the month It is the sponsors responsibility to keep all documentation to clearly demonstrate where meals were prepared and distributed. If you have any questions, please reach out to your SFSP representative by email. Please note, ADULT meals are not claimable or reimbursable.

Enter in the emergency days of service (DOS). If there were days in which meals were served for multiple days, each day's meals must be counted. For example, if on Friday you served 3 days of meals for Fri, Sat, and Sun. This would count as 3 service days.

Please note, you can only claim for the meal types in which you were approved on your COVID-19 Emergency Application. Scroll down to the bottom the of the screen and click the 'Insert' button

NYS ED .gov Child Nutrition Management System

PROGRAM > CLAIMS > REPORTS > ADMIN > LOG OFF >

**Mar 2019-20 Summer Food Service Program Claim
Kingston City SD-620600010000**

[Sponsor Claim](#)

Please use  to select LEA Code and Site Name

LEA Code	Site Name	Days Of Service	Meals	Seconds	Total
		0	0	0	0
Breakfast		0	0	0	0
Lunch		0	0	0	0
Snack		0	0	0	0
Supper		0	0	0	0
Suplmt		0	0		
Emergency Brk			0		
Emergency Lunch			0		
Emergency Snack			0		

Insert?

Note: In the original image, a red circle highlights the blue arrow icon in the Site Name field, and another red circle highlights the Emergency Brk, Emergency Lunch, and Emergency Snack rows in the table.

Once your claim is inserted, the meals will display in the Emergency section of the site claims. Once you have accurately entered the numbers, click the blue 'Submit Claim' button on the top of the screen above the 'Sponsor Claim Roll -Up.'

**Apr 2019-20 Summer Food Service Program Claim
Hebrew Educational Society-331800100011**

Submit Claim

Sponsor Claim Roll-Up					
Meal Type	Days Of Service	Meals	Seconds	Seconds Allowed	Total
Breakfast	0	0	0	0	1000
Lunch	0	0	0	0	1000
Snack	0	0	0	0	0
Supper	0	0	0	0	0
Supplement	0	0			
Emergency Breakfast	8	1000			
Emergency Lunch/Supper	8	1000			
Emergency Snack	0	0			

Create Date 04/16/20 Submit Date Status

Update **Revert**

Site Claims

Sites		Included Above										Emergency			Additional Information
Name	LEA Code	Breakfast	Seconds	Lunch	Seconds	Snack	Seconds	Supper	Seconds	Suplmt	Breakfast	Lunch/Supper	Snack	Hold Info	
Hebrew Educational Society	331800100011	0	0	0	0	0	0	0	0	0	1000	1000	0		

To modify, select a Site. The changes made to the Site will then be incorporated in the Sponsor claim roll-up above.

New Site Claim

Making an Adjustment to your Claim



Child Nutrition Management System

Choose 'View/New' under 'Claims'

PROGRAM ▾ CLAIMS ▾ REPORTS ▾ ADMIN ▾ LOG OFF ▾

Claim Profile
Payments
View/New
Claim Interface

Submit Claim

Summer Food Service Program Claim

Sponsor Claim Roll-Up					
Meal Type	Days Of Service	Meals	Seconds	Seconds Allowed	Total
Breakfast	0	0	0	0	0
Lunch	0	0	0	0	0
Snack	0	0	0	0	0
Supper	0	0	0	0	0
Supplement	0	0			

create Date 08/22/16 Submit Date 08/22/16 Status SUBMIT

NYS ED .gov

Child Nutrition Management System

PROGRAM ▾ CLAIMS ▾ REPORTS ▾ ADMIN ▾

Camp Amerikids Inc.

School Year: 2016-17 ▾

Program Name: Summer Food Service Program ▾

View/Adjust or New: View/Adjust
New

Find Clear

Choose 'View/Adjust' from the drop-down.



Child Nutrition Management System

- PROGRAM ▾
- CLAIMS ▾
- REPORTS ▾
- ADMIN ▾
- LOG OFF ▾

Sponsor Claim Data

Click on the claim month you want to adjust

2016-17 Summer Food Service Program Claims



Claim Period	Breakfast	Lunch	Snack	Supper	Supplement	Status
Jun	0	0	0	0	0	Submit

[Back to Sponsor Annual Detail](#)

Click on 'Adjustment'



Payment Info

Adjustment

Sponsor Claim Roll-Up						
Meal Type	Days Of Service	Meals	Seconds	Seconds Allowed	Total	
Breakfast	10	0	0	0	0	0
Lunch	12	0	0	0	0	0
Snack	0	0	0	0	0	0
Supper	12	0	0	0	0	0
Supplement	0	0				

Create Date 08/22/16 Submit Date 08/22/16 Status SUBMIT

Update Revert

Site Claims											
Sites		Included Above									Additional Information
Name	LEA Code	Breakfast	Seconds	Lunch	Seconds	Snack	Seconds	Supper	Seconds	Suplmt	Hold Info
		0	0	0	0	0	0	0	0	0	

New Site Claim

Snack	0	0	0	0	0
Supper	0	0	0	0	0
Supplement	0	0			

Create Date 08/22/16 Submit Date Status **WORKING**

Site Claims											
Sites		Included Above								Additional Information	
Name	LEA Code	Breakfast	Seconds	Lunch	Seconds	Snack	Seconds	Supper	Seconds	Suplmt	Hold Info
		0	0	0	0	0	0	0	0	0	

To modify, select a Site. The changes made to the Site will then be incorporated in the Sponsor claim roll-up above.

Click on your site name. If it's not showing up then click on 'New Site Claim'.

Sponsor SFSP Claim History									
Claim	Created	Breakfast	Lunch	Snack	Supper	Suplmt	Status	Submitted	Meals x Rates
Jun - Orig	13-JUN-16	1,000	1,000	0	1,000	0	Submit	13-JUN-16	\$9,463
Jun - Adj-1	22-AUG-16	0	0	0	0	0	Submit	22-AUG-16	\$0
Jun - Adj-2	22-AUG-16	0	0	0	0	0	Submit	22-AUG-16	\$0
Jun - Adj-3	22-AUG-16	0	0	0	0	0	Working		\$0

[Back to Annual Detail](#)

Mar 2019-20 Summer Food Service Program Claim

[Sponsor Claim](#)

Please use  to select LEA Code and Site Name

LEA Code  Site Name

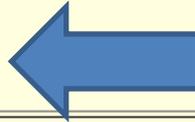
	Days Of Service	Meals	Seconds	Total
Breakfast	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Lunch	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Snack	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Supper	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Suplmt	<input type="text" value="0"/>	<input type="text" value="0"/>		
Emergency Brk	<input type="text" value="22"/>	<input type="text" value="1700"/>		
Emergency Lunch	<input type="text" value="22"/>	<input type="text" value="1700"/>		
Emergency Snack	<input type="text"/>	<input type="text" value="0"/>		

Enter changes directly to the fields on the left. Enter the total Days of Service, Total Meals, not the adjustments. For example, if the original number of Meals entered was 55 and the site actually served 60 Meals, enter 60, the correct number of meals, not 5.

Click 'Update' to submit the adjustment.

Jul 2016-17 Summer Food Service Program Claim

Submit Claim



Sponsor Claim Roll-Up					
Meal Type	Days Of Service	Meals	Seconds	Seconds Allowed	Total
Breakfast	5	-1	0	0	-1
Lunch	5	0	0	0	0
Snack	0	0	0	0	0
Supper	6	0	0	0	0
Supplement	0	0			

IG

Click the 'Submit Claim' Button

Claims

ded Above					Additional Information
Snack	Seconds	Supper	Seconds	Suplmt	Hold Info
0	0	0	0	0	

incorporated in the Sponsor claim roll-up above.

I certify that all information submitted herein is true and correct. Please be advised that failure to submit accurate claims may jeopardize future participation in federal and state Child Nutrition Programs, including but not limited to the assessment of fiscal sanctions and penalties and potential termination of program participation. In addition, 7 CFR 210.26 provides that, whoever embezzles, willfully misapplies, steals, or obtains by fraud any funds, assets, or property provided under this part whether received directly or indirectly from the Department, shall if such funds, assets, or property are of a value of \$100 or more, be fined no more than \$25,000 or imprisoned not more than 5 years or both; or if such funds, assets, or property are of a value of less than \$100, be fined not more than \$1,000 or imprisoned not more than 1 year or both. Whoever receives, conceals, or retains for personal use or gain, funds, assets, or property provided under this part, whether received directly or indirectly from the Department, knowing such funds, assets, or property have been embezzled, willfully misapplied, stolen, or obtained by fraud, shall be subject to the same penalties.

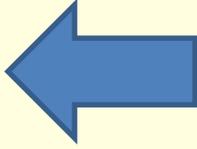
Read the certification and Click 'OK' to agree.

Jul 2016-17 Summer Food Service Program Claim

Payment Info

Adjustment

Success!
Row updated



Sponsor Claim Roll-Up					
Meal Type	Days Of Service	Meals	Seconds	Seconds Allowed	Total
Breakfast	5	-1	0	0	-1
Lunch	5	0	0	0	0
Snack	0	0	0	0	0
Supper	6	0	0	0	0
Supplement	0	0			

Create Date 12/28/16 Submit Date 12/28/16 Status SUBMIT

Update

Revert

If it is before the 60-day deadline you should receive a *'Success!'* message and the claim will be in **"Submit"** status.