



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**

Office for Prekindergarten through Grade 12 Education  
 School Operations and Management  
 Child Nutrition Program Administration  
 89 Washington Avenue, Room 375 EBA, Albany, NY 12234  
 (518) 473-8781 Fax (518) 473-0018  
 Portal.nysed.gov

School Food Authority:	
LEA Code:	
School Name(s):	
Claim Month and Number of Claiming/Serving Days	

**Operating Costs**

1. Fruits	
2. Vegetables	
3. Dips (vegetables only)	
4. Small Supplies/Non-Food items	
5. Labor/Fringe (for staff prep and service of F & V)	
<b>6. Operating Cost Total (=1+2+3+4+5)</b>	

**Administrative Costs (total admin costs are limited to 10% of the grant) If claiming Administrative Cost, you must also submit pages 2-3 of the claim form**

7. Labor/Fringe (for those planning, ordering, reporting, billing, tracking inventory, etc.)	
8. Indirect Cost	
9. Equipment	
<b>10. Administrative Cost Total (=7+8+9)</b>	
<b>Total Claim Costs (#6 + #10 =total claim costs)</b>	

I hereby certify that the information contained in this claim is accurate and the supporting documentation is available for review.

**Signature**

Food Service Director/Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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### Claim Form Instructions

Instructions: Submit an original copy to the State Agency no later than the 15<sup>th</sup> 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.

This originally signed claim form along with a copy of the menu showing what was served during the claim month and an originally signed FS-25 grant form should be mailed to:

Meghan Usher  
NYS Education Department  
Child Nutrition Program Administration  
89 Washington Avenue- Room 375 EBA  
Albany, NY 12234

#### **School Information**

- Fill in the School Food Authority Name
- Fill in the LEA code
- Fill in the School Name
- Fill in the Month the school is claiming and the number of days FFV were served under the grant during that claim month

#### **Operating Costs**

Operating costs are the costs of running your FFVP service. These are your documented expenses for acquiring, delivering, preparing, and serving fruits and vegetables.

- Fill in the amount spent on fruits during the claim month on line #1
- Fill in the amount spent on vegetables during the claim month on line #2
- Fill in the amount spent on dips during the claim month on line #3 (dips can only be used for vegetables nonfat or lowfat, 1-2 Tbs).
- Fill in the amount spent on small supplies/non-food items during the claim month on line #4 (Ex. napkins, paper plates, serving bowls and trays, cleaning supplies, trash bags)
- Fill in the amount spent on labor and fringe during the claim month on line #5 for those individuals who complete such tasks as washing and chopping produce, preparing trays, distributing produce to classrooms, setting up kiosks, cleaning up, etc.
- Line #6 is the total operating costs and should add up to lines #1+ #2 + #3 + #4+ #5.

#### **Administrative Costs**

Limited to 10 percent of your school's total FFVP grant. Schools must not exceed this limit. School administrative costs are the documented expenses you have for planning the Program, managing the paperwork, obtaining the equipment you need, and all other aspects of FFVP that are not related to the preparation and service of fruits and vegetables.

- Fill in the amount spent on labor and fringe spent during the claim month on line #7 (ex. employees who compile and maintain claims for reimbursement and other financial reports, plan and write menus, order produce, track inventory, and coordinate nutrition promotion activities).
- Fill in the amount spent on indirect cost during the claim month on line #8.
- Fill in the amount spent on large equipment purchases during the claim month on line #9.

- Line #10 is the total administrative costs and should add up to the total in lines #7 + #8 + #9.
- Fill in Total Claim costs. This number should total line #6 plus line #10.

**Signature**

- The Food Service Director or Authorized Official should sign and date the bottom of the form and print their name and title.

**Claim Form Pages 2-3**

- These forms break out each individual school (recipient agency) awarded and the portion of the administrative cost charged to the grant. Page 1 is where you will put the totals of these administrative costs from pages 2-3.
- Page 2- list out each school and how much labor/fringe was charged to the FFVP.
- Page 3- list out each school and how much equipment was charged to the FFVP.