

OSPI CNS Special Milk Program Instruction Sheet

Claim Edit Checks & Average Cost of Milk: Pricing Programs with Free Milk Option

Pricing Program with Free Milk Option: Milk applications are distributed and eligibility for free milk benefits are determined. Milk is reimbursed at the paid and free rate.

October Claim for Reimbursement

- ✓ **Step 1 – Revise the October claim for reimbursement.**

View	Edit	Delete	Errors	Revise	Period	Type	Claims	Revisions	Paid Amount	New Amount	+/-	Progress
					December 2016	Unified Site	1	0	\$335.75			1
					November 2016	Unified Site	1	0	\$572.75			1
					October 2016	Unified Site	1	0	\$493.75			1

- ✓ **Step 2 – Enter the number of Paid Eligible Students in the Paid Eligible Box.**
This is the number of enrolled students eligible to participate in the Special Milk Program/school enrollment on the last operating day in October. **NOTE:** If you operate a pricing program with free milk option, you will need to enter both the number of paid eligible students and free eligible students in the appropriate boxes.
- ✓ **Step 3 – Select “Preview Errors”.**



This is an important step and determines if your claim can be paid. If there are errors, you will need to correct the errors to receive your reimbursement payment.

SMP

October 2016 Building Data

Step 2

Free-Eligible	
Paid-Eligible	
Total	

Operating Days:

Average Cost Per 1/2 Pint: \$?

Served Milk Counts:

Preview Errors

Proceed to Calculation Summary >>

Recalculate All Claims Close

Average cost of milk = The total cost of all milk purchased during the claim period divided by the total number of purchased half pints

By submitting this claim, I certify to the best of my knowledge and belief that the claim is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. 2 CFR 200.415.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the specified claim deadlines the claim may not be paid.

✓ **Step 4 – Correct errors as needed.**

First, make sure your entry of served milk counts was entered correctly. If entered correctly, determine if your school enrollment was higher on another school day in October. If so, click “add highest daily count” and enter the enrollment on the day with the highest number of milk served. Select “Preview Errors” to ensure the error has been corrected.

October 2016 Building Data ?

Free-Eligible	--
Paid-Eligible	<input type="text" value="10"/>
Total	10

Operating Days:

Add Highest Daily Count

Served Milk Counts Paid (2,500) cannot exceed Paid Eligible Count X Operating Days X 200% (360). Verify/Adjust Paid Served Milk Counts or add Highest Daily Count.

Average Cost Per 1/2 Pint:	\$ <input type="text" value="0.1898"/> ?
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Served Milk Counts:

Preview Errors

Proceed to Calculation Summary >>

Recalculate All Claims Close

November – February Claims for Reimbursement

Special Milk Program sponsors will be required to revise the November – February claims for reimbursement to enter the average cost of milk. After these revisions, select “Preview Errors”.

If you have errors related to the number of milk claimed and school enrollment, the errors will need to be corrected. The steps to correct the errors will be different. To correct the errors, select the notepad icon in the bottom left-hand corner of the claim.

October 2016 Building Data	
Free-Eligible	0
Paid-Eligible	10
Total	10

Total	
Operating Days:	<input type="text" value="18"/>


Served Milk Counts Paid (2,900) cannot exceed Paid Eligible Count X Operating Days X 200% (360).
Verify/Adjust Paid Served Milk Counts.

Total	
Average Cost Per ½ Pint:	\$ <input type="text" value="0.1898"/> ?

Paid ½ Pints	
Served Milk Counts:	<input type="text" value="2900"/>

By submitting this claim, I certify to the best of my knowledge and belief that the claim is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. 2 CFR 200.415.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the specified claim deadlines the claim may not be paid.

 History [Proceed to Calculation Summary >>](#)

Add a note:

Notes

You may add, edit and delete multiple notes. When you are finished click the Close button.

No Records Found

Enter the enrollment on the day the highest number of milks was served. If you are a pricing program with free milk option, this will be the highest number of milks served to paid and free. If you are a pricing program without free milk option, enter only the number of paid. Click save.

Notes

Please enter a Note. You may optionally include a Title for this note. When you are done click the Save button. Click the Cancel button to return to the notes list without saving.

Title:

Note: *