

MIPS GENERAL CLAIM COMPLETION INFORMATION

Web Site: <http://www.doh.state.fl.us/ccfp/>

Operating Days: Enter the actual number of days meals were served during the claim month. Each claim must request reimbursement for one month only.

Centers/Sites/Homes Operated During Claim Month: This field should be automatically filled in. If you are a multi-site contractor, you will file each site individually as explained in the Site-Based Claiming instructions and this field will then be filled in for you on the Sponsor claim.

Children Enrolled by Category (I, S, U): Enter the correct number in each category. These numbers are taken from your enrollment roster and should include **all** children that were in attendance this month. If you are a multi-site contractor, you will file each site individually as explained in the Site-Based Claiming instructions and this field will then be filled in for you on the Sponsor claim.

Afterschool Children Enrolled (A): Enter the total number of children enrolled for afterschool care.

Highest Daily Attendance (A): Find the day with the highest number of children in attendance for the month. Enter the attendance number for that day.

Meals/Snacks Claimed: Enter the actual number of meals/snacks served to children during the claim month for each approved meal type.

Operating Expenditures: (DO NOT USE DECIMALS) Enter the amount of CCFP related expenditures. This may include food purchases, food service labor costs, non-food meal supplies, food service equipment, and transportation costs for food service. *Do not leave blank or your claim will not save.*

Administrative Expenditures: (DO NOT USE DECIMALS) Enter the amount of CCFP related expenditures. This may include administrative labor costs, contracted labor, training, travel, office rental, utilities and office supply costs. If you are not claiming administrative expenditures, enter "0." *Do not leave blank or your claim will not save.*

Income to Program: (DO NOT USE DECIMALS) Enter the amount of money (if any), received from the sale of meals. Typically, this amount is \$0. *Do not leave blank or your claim will not save.*

(For-Profits Only)

OPTION 1 - SSBG (Title XX) Eligibility: If using Option 1, enter total # of Title XX children that were in attendance this month.

OPTION 2 - Free/Reduced Eligibility: If using Option 2, the % of free and reduced children will automatically be determined for you.

Submitting the Claim:

After filling in all necessary numbers on the claim form, click on the **Calculate** button. If you wish to print your claim, you must do that **AFTER** you submit your claim, or all information will be lost.

Then click on the **Submit Claim** button. **FAILURE TO SUBMIT CLAIM WILL RESULT IN THE CLAIM NOT BEING PROCESSED.** When you click on **Submit Claim**, a box will pop-up on your screen saying, "Congratulations, your claim has been successfully submitted!" Click on **OK** and then you may print your claim.