

**INSTRUCTIONS FOR
FOOD & NUTRITION
SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)
CLAIM FOR REIMBURSEMENT
VOUCHERS AND ADMINISTRATIVE EXPENSES**

Contracting entities (CEs) must submit a claim form to TDA for reimbursement of administrative expenses and voucher redemption in the Senior Farmers' Market Nutrition Program (SFMNP). Claim forms should be submitted monthly during the program period.

Place an "X" in the box if this claim adjusts a previously processed claim. Check the box if you have previously submitted a claim for this claim period and are submitting an adjusted claim.

Name of Contracting Entity – Enter the name of the contracting entity submitting the claim.

CE ID – Enter the contracting entity identification number assigned by TX-UNPS. If the number is unknown, leave blank.

Month and Year of Claim – Enter the month the claim covers and the year of the claim.

Address – Enter the address of the contracting entity, including street, city, state and zip code.

Telephone No. – Enter the telephone number of the contact person for the program.

Period of Claim – Enter the exact dates of the month and year that the claim covers.

E-mail address – Enter the e-mail address of the contact person for the Program.

Fax No. – Enter the FAX number of the contact person for the Program.

SUMMARY INFORMATION FOR VOUCHERS

- 1. Total number of sub-agencies reporting this claim period** – Enter the number of pantries or distribution sites that distributed vouchers during this claim period.
 - 2. Total number of farmer's markets reporting this claim period** – Enter the number of farmers' markets that redeemed vouchers during this claim period.
 - 3. Total number of farmers redeeming vouchers this claim period** – Enter the number of farmers that are requesting reimbursement during this claim period.
 - 4. Total number of vouchers distributed to participants this claim period** – Enter the number of vouchers that were distributed to program participants during this claim period.
 - 5. Total number of vouchers redeemed by farmers** – Enter the number of vouchers that were redeemed during this claim period.
 - 6. Total dollar amount of vouchers redeemed** – Enter the value of the total number of vouchers redeemed during this claim period.
 - 7. Number of participants receiving bulk purchased foods** – Enter the number of program participants that received bulk purchased foods during this claim period.
 - 8. Total number of vouchers disallowed this claim period** – If any vouchers were disallowed and not redeemed, enter the number for this claim period.
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REIMBURSEABLE COSTS

1. **Staff** – Enter the salaries/cost of staff for the claim period, including management, monitoring and clerical.
 2. **Facilities** – Enter the cost of facilities used for this program for this claim period (may be pro-rated).
 3. **Equipment** – Enter the cost of office equipment use for this program for this claim period (may be pro-rated).
 4. **Program outreach** – Enter the cost of outreach to program applicants and participants during this claim period.
 5. **Nutrition Education** – Enter the cost of nutrition education to program participants during this claim period.
 6. **Transportation** – Enter the cost of transportation for staff/volunteers during this claim period.
 7. **Other** – Enter any additional allowable administrative expenses that occurred during this claim period.
 8. **Other** – Enter any additional allowable administrative expenses that occurred during this claim period.
 9. **Total Cost for Administrative Expenses** – Enter the total amount of allowable administrative expenses being claimed for this claim period.
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CERTIFICATION

An authorized representative of the CE, as identified on Form FND 101, *Certificate of Authority for External Users*, must sign and date the claim form. This signature certifies the truth and accuracy of all claim information submitted and acknowledges potential prosecution under applicable state and federal laws for any false or fraudulent information submitted.

Print or type the name of the authorized representative and title.

SUBMISSION

Submit to TDA using **one** of the following methods:

Email to: CommodityOperations@TexasAgriculture.gov

Fax to: 888-203-6593

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: Commodity Operations
P.O. Box 12847
Austin, Texas 78711-2847

Overnight to:

Texas Department of Agriculture
Food and Nutrition
Attn: Commodity Operations
1700 North Congress Avenue, Suite 1125E
Austin, Texas 78701-1496