



Local Food for Schools Cooperative Agreement Program (LFS)

Claiming Instructions

NYSED OFFICE OF CHILD NUTRITION



LFS Claims for Reimbursement



Approved SFAs will receive the LFS funds via reimbursement payment(s) for allowable purchases.



The Child Nutrition Management System (CNMS) will be used to place LFS claims as often as each month through the project period.



SFAs must submit a claim for reimbursement at least quarterly unless there are no purchases in that quarter.



The last LFS claim for reimbursement must be submitted by **February 1, 2025**.



SED will request LFS funds from USDA monthly and SFA claims will be paid to SFAs upon SED receipt of LFS funding from USDA.

Information Needed to Submit a New Claim

CNMS username
and password

Date range the
claim covers

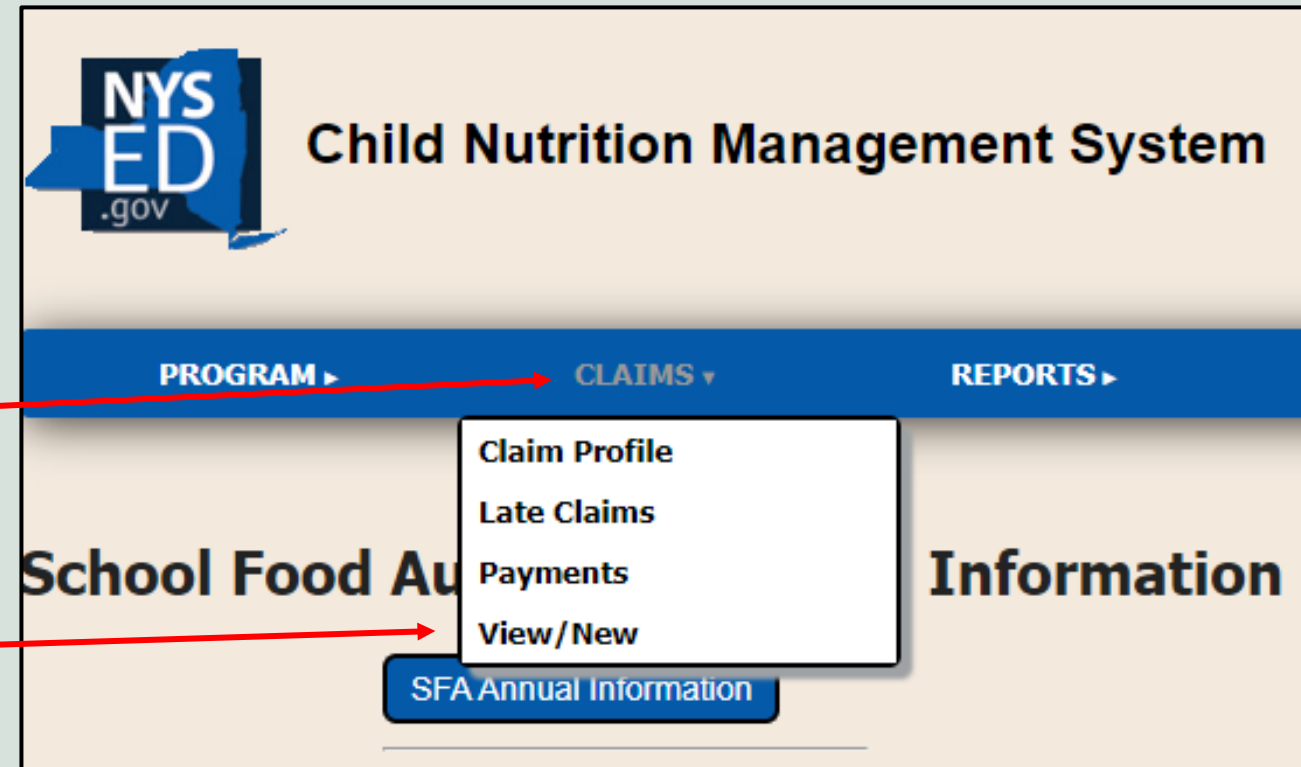
Farmer/Vendor Name,
Dollar Value Spent,
Farmer/Vendor designation
(socially disadvantaged, small business or other)

Steps to Submit a New LFS Claim

1. Log into CNMS with your username and password

2. From your SFA General Information Page, go to "Claims" in the blue bar along the top of your screen

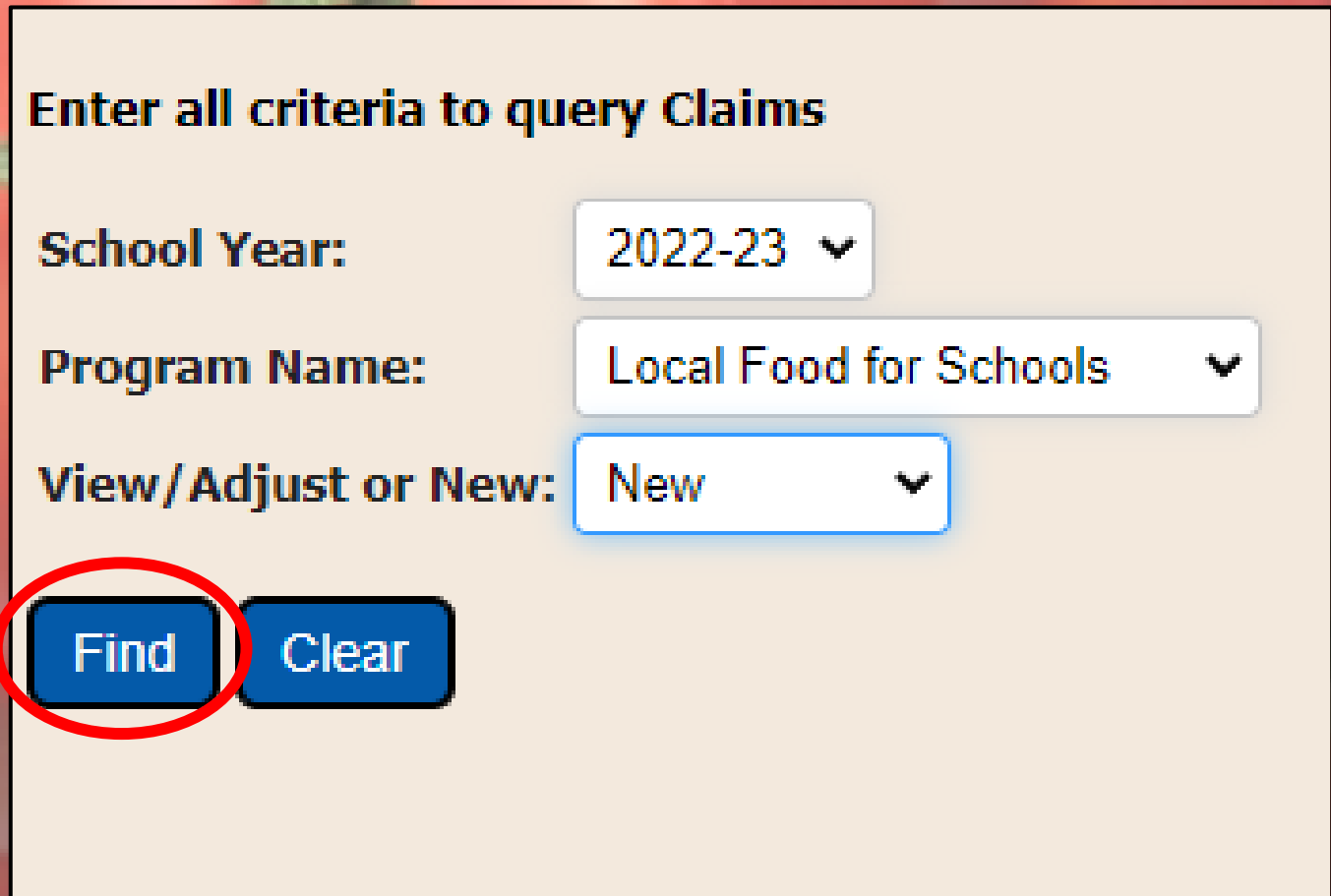
3. Click "View/New"



4. On the next screen, select:

- “2022-23”
- “Local Food for Schools”
- “New”

5. Click “Find”



Enter all criteria to query Claims

School Year: 2022-23 ▼

Program Name: Local Food for Schools ▼

View/Adjust or New: New ▼

Find **Clear**

2022-23 Local Food for Schools Claims

Total award remaining \$5,000

Enter values for new record

Claim Period Begin Date: [CAL](#)

Claim Period End Date: [CAL](#)

Insert

Clear

[Back to SFA Annual Information](#)

Total Award Amount Remaining
is indicated at the top

6. Enter the dates
that the claim
covers

7. Click “Insert”

2022-23 Local Food for Schools Claims

Total award remaining \$5,000

Projected award remaining (includes working claim) \$5,000

Success!

Row inserted

Sponsor Name:

LEA Code:

Claim Period Begin Date: 02/02/23 [CAL](#)

Claim Period End Date: 02/24/23 [CAL](#)

Status: WORKING

Created By:

Date Created: 02/08/23

Update

Revert

Local Food for Schools Vendors

No Records returned

New

8. Click “New”
under “Local
Food for Schools
Vendors” to
enter each
vendor and the
cost to be
reimbursed

9. For the claim period: add each vendor, the LFS amount paid to that vendor and indicate “Socially Disadvantaged Producer”, “Small Business”, or “Other Producer”. Then click “Insert”

Local Food for Schools Vendors

Local Food for Schools Vendors

Farmer/Vendor Name	Claim Amount	Socially Disadvantaged Producer	Small Business	Other Producer	Insert?
New York State Farmer	2500	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <button>Clear</button>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <button>Clear</button>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <button>Clear</button>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <button>Clear</button>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <button>Clear</button>

Insert

[Back to LFS Claim](#)

- Do **not** enter “\$” or commas when entering claim amount
- If the vendor is socially disadvantaged and small business, **select both**.

➤ If the vendor does not meet definition of either, select “Other Producer”
- Claim amount will be rounded to whole dollars when “Insert” is clicked

Local Food for Schools Vendors

Local Food for Schools Vendors

Recs inserted successfully: 1

Farmer/Vendor Name	Claim Amount	Socially Disadvantaged Producer	Small Business	Other Producer	Insert?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Clear"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Clear"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Clear"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Clear"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Clear"/>

[Back to LFS Claim](#)

10. After you click “Insert”, you will see this screen.

- Enter additional vendors following the steps in #9 or click “Back to LFS Claim” to submit the claim.

Total award remaining \$5,000

Projected award remaining (includes working claim) \$2,500

Sponsor Name: [REDACTED]
LEA Code: [REDACTED]
Claim Period Begin Date: 02/02/23 [CAL](#)
Claim Period End Date: 02/24/23 [CAL](#)
Total dollar amount claimed: \$2,500.00
Status: WORKING
Created By: [REDACTED]
Date Created: 02/08/23

[Update](#) [Revert](#)

Local Food for Schools Vendors

Farmer/Vendor Name	Claim Amount	Socially Disadvantaged Producer	Small Business	Other Producer
New York State Farmer	2500	Y	Y	

Record 1 of 1

[New](#)

By clicking Submit Claim, I attest that this information is true and correct and reflects purchases allowed under the USDA Local Food for Schools Cooperative Agreement Program.

[Submit Claim](#)

- After the vendor information has been entered, the total LFS claim amount for all entered vendors will be indicated here.
- This is the amount you are claiming for reimbursement.

Total award remaining \$5,000

Projected award remaining (includes working claim) \$2,500

Sponsor Name: [redacted]
LEA Code: [redacted]
Claim Period Begin Date: 02/02/23 [CAL](#)
Claim Period End Date: 02/24/23 [CAL](#)
Total dollar amount claimed: \$2,500.00
Status: WORKING
Created By: [redacted]
Date Created: 02/08/23

[Update](#) [Revert](#)

Local Food for Schools Vendors

Farmer/Vendor Name	Claim Amount	Socially Disadvantaged Producer	Small Business	Other Producer
New York State Farmer	2500	Y	Y	

Record 1 of 1

[New](#)

By clicking Submit Claim, I attest that this information is true and correct and reflects purchases allowed under the USDA Local Food for Schools Cooperative Agreement Program.

[Submit Claim](#)

➤ The LFS award amount that will be remaining after the claim is submitted will be indicated here.

➤ To update vendor information or to delete a vendor before submitting the claim, click on the Vendor Name

➤ Update the information for the vendor, as needed, then click “Update”

➤ To delete the vendor, select the “Delete Vendor” check box, click “Update”

Local Food for Schools Vendors

Farmer/Vendor Name	Claim Amount	Socially Disadvantaged Producer	Small Business	Other Producer
New York State Farmer	2500	Y	Y	

Record 1 of 1

New

Local Food for Schools Vendors

Local Food for Schools Vendors

Farmer/Vendor Name:

Claim Amount:

Socially Disadvantaged Producer: ☒

Small Business: ☒

Other Producer: ☐

Delete Vendor: ☒

Update

Revert

New

[Back to LFS Claim](#)

➤ Changes cannot be made once a claim has been submitted

Total award remaining \$5,000

Projected award remaining (includes working claim) \$2,500

Sponsor Name:

LEA Code:

Claim Period Begin Date:

02/02/23

[CAL](#)

Claim Period End Date:

02/24/23

[CAL](#)

Total dollar amount claimed: \$2,500.00

Status:

WORKING

Created By:

Date Created:

02/08/23

Update

Revert

Local Food for Schools Vendors

Farmer/Vendor Name	Claim Amount	Socially Disadvantaged Producer	Small Business	Other Producer
New York State Farmer	2500	Y	Y	

Record 1 of 1

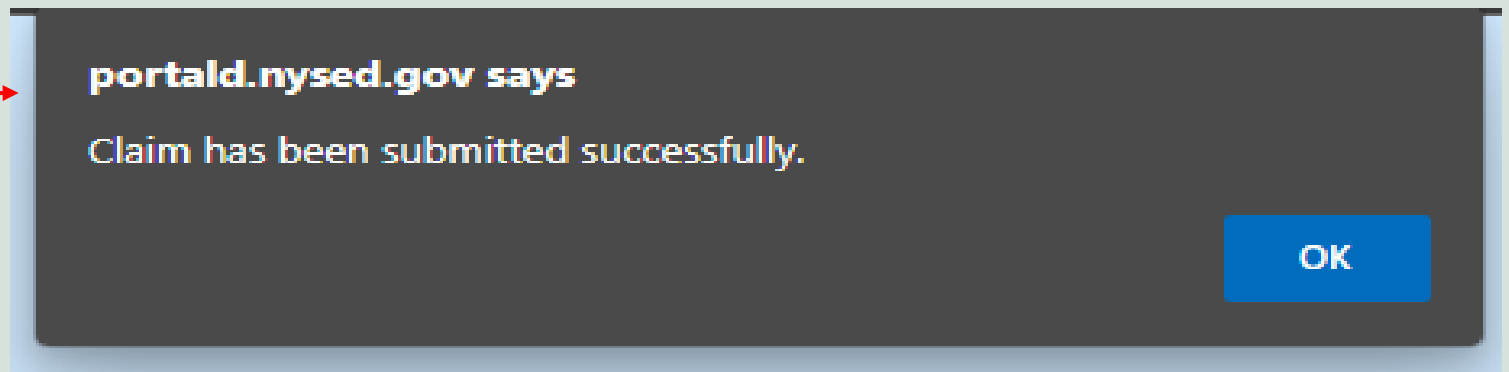
New

By clicking Submit Claim, I attest that this information is true and correct and reflects purchases allowed under the USDA Local Food for Schools Cooperative Agreement Program.

Submit Claim

11. After all vendors have been added for the claim period, click “Submit Claim”

- Once the claim is submitted, this pop up will appear. Click "OK".



- The award remaining will be updated to reflect the submitted claim amount and the claim status will be updated to "PENDING".

- SFAs can expect LFS claims to be paid in the month following claim submission.

A screenshot of a web form with a light orange background. At the top, it says "Total award remaining \$2,500" and "Projected award remaining (includes working claim) \$2,500". Below this are several fields: "Sponsor Name:" (redacted), "LEA Code:" (redacted), "Claim Period Begin Date:" (02/02/23) with a blue "CAL" link, "Claim Period End Date:" (02/24/23) with a blue "CAL" link, "Total dollar amount claimed: \$2,500.00" (circled in red), "Status: PENDING" (circled in red), "Created By:" (redacted), "Date Created: 02/08/23", "Submit By:" (redacted), and "Submit Date: 02/08/23". At the bottom are two blue buttons: "Update" and "Revert".

Adjusting a Working Claim

Click "Claims" in the blue bar along the top of the screen

Click "View/New"

Select "2022-23", "Local Food for Schools", "View/Adjust"

Click "Find"

*Claims that have been submitted cannot be adjusted.



Child Nutrition Management System

PROGRAM ▾

CLAIMS ▾

REPORTS ▾

Claim Profile

Late Claims

Payments

View/New

SFA Annual Information

School Food Au

Information

Enter all criteria to query Claims

School Year:

2022-23 ▾

Program Name:

Local Food for Schools ▾

View/Adjust or New:

View/Adjust ▾

Find

Clear

Adjusting a Working Claim

- This screen will display the SFAs LFS claims.
- Click the claim period for the claim you wish to view or adjust.
- On the next screen, update the claim as needed following the directions on page 12
- Only working claims can be adjusted.
- If you have a concern about a submitted claim, please contact your SED CN special team representative

SFA Claim Data

2022-23 Local Food for Schools Claims

LFS Allocation Remaining: \$2,500

Claim Period	Total Amount	Claim Begin Date	Claim End Date	Status
Feb		02-Mar-23	31-Mar-23	Working
Feb	2,500	02-Feb-23	24-Feb-23	Pending

[Back to SFA Annual Detail](#)

Questions?

CONTACT US:

FARM2SCHOOL@NYSED.GOV

518-473-8781