# **SCHOOL AND COMMUNITY NUTRITION**

# **LATE CLAIM SUBMISSION REQUEST**

A school or sponsor on the Child Nutrition Programs may request approval to submit a claim after the 60-day deadline if the deadline was missed for reasons beyond their control. Requests must be submitted in writing (using this form) to the State Agency. After reviewing, if the State Agency deems that the request warrants consideration, the State Agency will then forward the request to their USDA Regional Office for review and approval. To request approval to submit a late claim meeting these criteria, complete this form (including signature), then scan and email the form to: [SCNFinance@doe.in.gov](mailto:SCNFinance@doe.in.gov) with the Subject: ***Late Claim Submission Request***. Please note, information can be entered electronically or printed and written in the boxes provided. All check boxes below can be checked electronically by double-clicking the box and selecting “Default Value: Checked”.

**Check the Program Needing an Exception:**

NSLP  SBP  CACFP  SFSP  Afterschool Snacks  SMP

(Check one Program box only. Submit a separate request for each impacted Program.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sponsor Name** |  | **Sponsor Number** |  | **Program Year** |
|  |  |  |  |  |
| Check the claim month(s) for which an upward adjustment is requested. Indicate the  Total Additional Reimbursement requested for each month checked below. | | | | |
| |  |  |  | | --- | --- | --- | | **Claim Month**  (double click on the check box then select checked) | **Claim Year**  (calendar year) | **Reimbursement Amount Requested with the exception** (do not include the initial claim amount if it was previously submitted and approved) | | July |  |  | | August |  |  | | September |  |  | | October |  |  | | November |  |  | | December |  |  | | January |  |  | | February |  |  | | March |  |  | | April |  |  | | May |  |  | | June |  |  | | | | | |

|  |  |  |
| --- | --- | --- |
| School/Sponsor Authorized Representative Name |  | Title |
|  |  |  |
| Email |  | Phone |
|  |  |  |
| By signing, I certify that the situation provided below was beyond the control of this organization. I further understand that exceptions beyond an institution’s control are subject to review and approval by the State Agency and USDA Regional Office. | | |
| Authorized Signature *(print and sign or use a certified e-signature)* |  | Date |
|  |  |  |
| Explain the situation(s) that was (were) beyond your control which caused the late filing of each claim. If multiple months are submitted and multiple reasons for lateness apply, please explain each situation. | | |
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