

**INSTRUCTIONS FOR
FOOD & NUTRITION
FARMERS' MARKET NUTRITION PROGRAM
CLAIM FOR REIMBURSEMENT**

Contracting entities (CEs) must submit a claim form to the Texas Department of Agriculture (TDA) for reimbursement of vouchers redeemed and administrative expenses in the Farmers' Market Nutrition Program (FMNP). 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 the Texas Unified Nutrition Programs System (TX-UNPS). If the number is unknown, leave blank.

Month / Year Claimed – 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 FMNP.

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

CLAIM INFORMATION

1. **Total number of sub-agencies reporting this claim period** – Enter the number of distribution sites that distributed vouchers during this claim period if applicable.
2. **Total number of farmers' markets reporting this claim period** – Enter the number of farmers' markets that redeemed vouchers during this claim period.
3. **Total number of farmers redeeming claims represented 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 FMNP participants during this claim period.
5. **Total number of vouchers disallowed this claim period** – If any vouchers were disallowed and not redeemed, enter the number for this claim period.
6. **Total number of vouchers redeemed by farmers** – Enter the number of vouchers that were redeemed during this claim period.
7. **Total Administrative Expenses based on number of vouchers redeemed this claim period** – Enter the value of the total number of vouchers redeemed multiplied by value of administrative funding available per each voucher redeemed, during this claim period.
8. **Total dollar amount of vouchers redeemed** – Enter the value of the total number of vouchers redeemed during this claim period
9. **Total number of vouchers disallowed this claim period** – If any vouchers were disallowed and not redeemed, enter the number for this claim period.

Approved Reimbursement Amount – Leave blank. This value will be entered by TDA.

CLAIM INFORMATION – ADMINISTRATIVE EXPENSES

10. **Staff** – Enter the salaries/cost of staff for the claim period, including management, monitoring and clerical.
11. **Facilities** – Enter the cost of facilities used for FMNP for this claim period (may be pro-rated).
12. **Equipment** – Enter the cost of office equipment used for FMNP for this claim period (may be pro-rated).
13. **Program Outreach** – Enter the cost of outreach to FMNP applicants and participants during this claim period.
14. **Nutrition Education** – Enter the cost of nutrition education to FMNP participants during this claim period.
15. **Transportation** – Enter the rate per mile and cost of transportation for staff/volunteers during this claim period.
16. **Other** – Enter any additional allowable administrative expenses that occurred during this claim period.
17. **Other** – Enter any additional allowable administrative expenses that occurred during this claim period.
18. **Total Cost for Administrative Expenses** – Enter the total amount of allowable administrative expenses being claimed for this claim period.

Approved Reimbursement Amount – Leave blank. This value will be entered by TDA.

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.

SUBMITTAL

E-mail to: CommodityOperations@TexasAgriculture.gov

Fax to: 888-203-6593

Mail to:

Texas Department of Agriculture
Food and Nutrition
Attn: USDA Foods
P.O. Box 12847
Austin, Texas 78711

Overnight to:

Texas Department of Agriculture
Food and Nutrition
Attn: USDA Foods
1700 North Congress Ave.
Austin, Texas 78701