

# Karamu CACFP Claim Certification Form



Name of Center \_\_\_\_\_

KNP Center # C \_\_\_\_\_

Claim Month & Year \_\_\_\_\_

## Section A: Cost Records

1. Total amount of allowable CACFP **food** purchased during the claim month:.....\$
2. Total amount of allowable CACFP **labor costs** during the claim month:.....\$
3. Total amount of allowable CACFP **supplies** purchased during the claim month:.....\$
4. Total amount of allowable **rent/lease** CACFP expenses during the claim month:.....\$
5. Total amount of allowable **phone/internet** CACFP expenses during the claim month:.....\$
6. Total amount of allowable **utilities** CACFP expenses during the claim month:.....\$
7. Total amount of allowable **other** CACFP expenses during the claim month:.....\$

**Note: You must have valid receipts on file at the Childcare Facility At All Times to Show Proof of all purchases.**

Grand Total....\$

## Section B: Milk Available To Support Meal Service (In Gallons)

1. **Milk Carried Forward From Previous Claim Month:** Refer to last month's Claim Certification Form and enter the amount of milk in inventory at the end of the month. (Refer to section C of last month's form.)

|  |       |           |
|--|-------|-----------|
|  | Whole | 1% / Skim |
|--|-------|-----------|
2. **Total Milk Purchased This Month:** Based on your receipts for this claim month, what is the total number of gallons of milk you purchased during the month? Note you must have valid receipts on file at your center at all times to show proof of all purchases.

|  |       |           |
|--|-------|-----------|
|  | Whole | 1% / Skim |
|--|-------|-----------|
3. **Total Gallons Of Milk On Hand For The Claim Month:** Add lines 1 and 2 and enter the total here.

|  |       |           |
|--|-------|-----------|
|  | Whole | 1% / Skim |
|--|-------|-----------|

## Section C: End of Month Milk Inventory (In Gallons)

Based on a physical inventory, how many total gallons of milk did you have in inventory at the center on the last day of the claim month after the last meal of the day was served?

Whole      1% / Skim

## Section D: Certification Statement & Signature

My signature below certifies that the information (records) submitted by me to receive reimbursement for meals through the CACFP are true and accurate. This includes all Attendance, Meal Count, Menu, Cost, Child Enrollment, and other information submitted to my sponsor, electronically and/or physically. I understand that the information is being given in connection with receipt of federal funds; I agree that Karamu officials or Tennessee Department of Human Services officials may, for cause, verify information; and that deliberate misrepresentation may subject me to CACFP termination and possible prosecution under applicable state and federal criminal statutes.

Signature of Director/Owner (or other approved representative) \_\_\_\_\_

# Instructions

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Enter your center name, KNP number, and the claim month and year at the top of the form in the spaces provided.

## Section A: Cost Records

Refer to your store receipts for the month and enter the total amount of expenses for each expense category. Do not include taxes, or other non-allowable expenses.

Minute Menu Users Only: If you used Minute Menu to enter your receipts, run the Receipts Journal Report by clicking Reports → Receipts → Center Receipts Journal. Select the desired claim month and click OK. The total expenses for each expense category will be provided at the bottom of the report. Enter these values in section A.

Note To All Centers: All receipts must be maintained on site at the Childcare Center at all times. Failure to present receipts upon request may result in forfeiture of all reimbursement funds for the month and could lead to termination from the CACFP for failure to maintain records.

## Section B: Milk Available To Support Meal Service

Look at your previous month's Claim Certification Form (section C: End of Month Milk Inventory) to obtain the amount of milk carried forward to this month. Enter that amount on Line #1 of this section. On line #2, enter the total amount of milk (in gallons) that you purchased during the month. You must have valid receipts on file in the Childcare center at all times to show proof of all purchases. Add lines #1 and #2 and enter the total on line #3.

Minute Menu Users Only: If you used the Minute Menu receipts function to keep track of your milk purchases, you can use the Minute Menu Milk Audit Report to obtain the information required to complete this section. Go to the Claims menu and click on Milk Audit. Select the desired claim month. On line #1 of this section, enter the amount shown in the "Previous Month Milk Inventory Carryover". On line #2 enter the amount shown in the Total Purchased field. (Note, you have the option to print the Milk Audit Report and attach a copy to this form instead of filling out section B).

## Section C: End Of Month Milk Inventory

You must perform a physical inventory and document how many total gallons of milk you have in inventory at the center on the last day of the claim month after the last meal of the day was served. Enter the amount in the space provided.

## Section D: Certification Statement & Signature

An authorized center representative must sign this form. Be sure to mail this form in with your other required claim forms for the month.

Minute Menu Users Only: If you used the Minute Menu receipts function you do not need to fill out this form. Karamu can obtain the information required to process your claim from Minute Menu.