



Department of Education

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
education.delaware.gov

Cynthia Marten
Secretary of Education
302-735-4000
302-739-4654 (fax)

February 9, 2026

MEMORANDUM

TO: Directors of Residential Child Care Institutions
Other Appropriate Personnel

FROM: Aimee F. Beam, MS, RD *AB*
Director, Nutrition Programs

RE: **SY 2025-2026 Operational Memo #12**
Claim Deadlines and Forms

This memo provides a reminder regarding claim submission timelines, which became effective June 1, 2011. This information applies to all sponsors in the Delaware Department of Education (DDOE) Nutrition Programs. Timelines apply to both original claims and revisions.

1. **Submitting Original Claims** – DDOE requires all sponsors to submit original claims no later than the 10th of the month following the month being claimed. The DDOE Nutrition Office will begin processing claims no later than the 11th of each month. Claims submitted after the 10th will not be processed until the next month. Any original claim submitted after the 60-day federal deadline will be considered late.
2. **Revisions to Claims** – Revisions to the original claim must be submitted in DENARS no later than 60 days after the last day of the month being claimed. Any revision submitted after that day is considered late.
3. **Late Claims** – If a claim (original or revision) is submitted in DENARS after the 60th day, the claim is considered late, and the sponsor will receive an error message. For a late claim, Sponsors have two options:
 - a. **One-Time Exemption:** The Sponsor must complete the form “One-Time Exemption Request” and submit it to DDOE. DDOE has the authority to grant this request only once every three years for one month of claims only. Sponsors will be notified when the request is approved.

- b. **Beyond Sponsor Control:** The Sponsor can complete the “Beyond Sponsor Control Request” if the reason for the late claim is something that the sponsor could not control. DDOE needs to submit these requests to USDA for approval. DDOE will inform the sponsor if approved. These requests are not limited to one time every three years.

Please contact our office with any questions at 302-857-3356.

Attachments: Claim Deadline Chart
One-Time Exemption Request Form
Beyond Sponsor Control Request Form

cc: Nutrition Team

**Delaware Department of Education
Child Nutrition Programs
Claim Due Date Chart**

Month of claim	Last Date for Original and Revised Claims to be Submitted in DENARS
January	April 1*
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29
October	December 30
November	January 29
December	March 1**

*In leap year this date will be March 31.

**In a leap year this date will be February 29.



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Beyond Sponsor Control Request Form

Select Program:

- Child and Adult Food Care Program (CACFP)
- Fresh Fruit and Vegetables Program (FFVP)
- National School Lunch Program (NSLP)
- School Breakfast Program (SBP)
- Seamless Summer Feeding Option (SSO)
- Special Milk Program (SMP)
- Summer Food Service Program (SFSP)
- At-Risk

Date:

Sponsor Agreement Number:

Sponsor Name:

I am requesting a Beyond the Sponsor Control Exception for payment of a late claim for **MONTH(s)/YEAR(s)**:

Provide a detailed explanation of the reason(s) for late submission of the claim:

I, **[SPONSOR NAME]** understand that the validity of the circumstances must be evaluated and if warranted, DDOE will submit the exception request to FNS for approval.

Name:

Title:

Signature:

Email or mail this completed, signed form to:

Aimee F. Beam, Director, Nutrition Programs
Delaware Department of Education
35 Commerce Way, Suite 1
Dover, DE 19904
aimee.beam@doe.k12.de.us



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One-Time Exemption Request Form

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- CACFP At-Risk
- Fresh Fruit and Vegetables Program (FFVP)
- National School Lunch Program (NSLP)
- School Breakfast Program (SBP)
- Seamless Summer Feeding Option (SSO)
- Special Milk Program (SMP)
- Summer Food Service Program (SFSP)

Date:

Sponsor Name:

I am requesting a one-time exemption for payment of a late claim for **(MONTH/YEAR)**:

- Provide a detailed explanation of the reason(s) for late submission of the claim:

- Provide the actions being implemented by your organization to avoid a recurrence of the situation linked to late claim submission:

I, **(SPONSOR NAME)**, understand that a one-time exemption can only be granted once during a 36 - month time period and that any future late claim will not be paid, unless it is attributed to circumstances beyond my control, or 36 months have elapsed since the last one-time exemption was granted.

Name:

Title:

Signature:

Email or mail this completed and signed form to:

Aimee F. Beam, Director, Nutrition Programs
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