Updating the Sponsor Application

for School Nutrition Programs

School Year 2023-24

CONNECTICUT STATE
DEPARTMENT OF EDUCATION

Connecticut State Department of Education
Bureau of Child Nutrition Programs
Child Nutrition Programs
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841

August 2023

Updating the Sponsor Application for School Nutrition Programs

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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Contents

This guide applies only to sponsors of the National School Lunch Program (NSLP), including the Afterschool Snack Program (ASP), School Breakfast Program (SBP), and Special Milk Program (SMP). All sponsors must submit their agreement for Child Nutrition Programs online, using the Connecticut State Department of Education's (CSDE) Online Application and Claiming System for Child Nutrition Programs (CNP System). The sponsor's online application must be approved by the CSDE before sponsors can submit any reimbursement claims for the current school year. The CSDE strongly encourages all sponsors to complete their online agreement by **September 15, 2023**, to ensure timely approval and claims submission.

CSDE Contact Information

For questions regarding this information, please contact the school nutrition programs staff in the CSDE's Bureau of Child Nutrition Programs.

County	Consultant
• Fairfield County (Includes Region 9) • Litchfield County (Includes Regions 1, 6, 7, 12, and 14)	Fionnuala Brown fionnuala.brown@ct.gov 860-807-2129
• Hartford County (Includes Region 10) • Middlesex County (Includes Regions 4, 13, and 17)	Teri Dandeneau teri.dandeneau@ct.gov 860-807-2079
• New Haven County (Includes Regions 5, 15, and 16)	Greg King greg.king@ct.gov 860-713-6804
• New London County • Tolland County (Includes Regions 8 and 19) • Windham County (Includes Region 11) • **Other areas:** Claims processing	Susan Alston susan.alston@ct.gov 860-807-2081
• **All counties:** Special Milk Program (SMP)	Terese Maineri terese.maineri@ct.gov 860-807-2145
Connecticut State Department of Education Bureau of Child Nutrition Programs 450 Columbus Boulevard, Suite 504 Hartford, CT 06103-1854	

For more information, visit the CSDE's School Nutrition Programs webpage.

1 — Updating Sponsor Agreement

1. Access the Connecticut State Department of Education's (CSDE) Online Application and Claiming System for Child Nutrition Programs (CNP System) at **https://ct.cnpus.com/prod/Splash.aspx**.
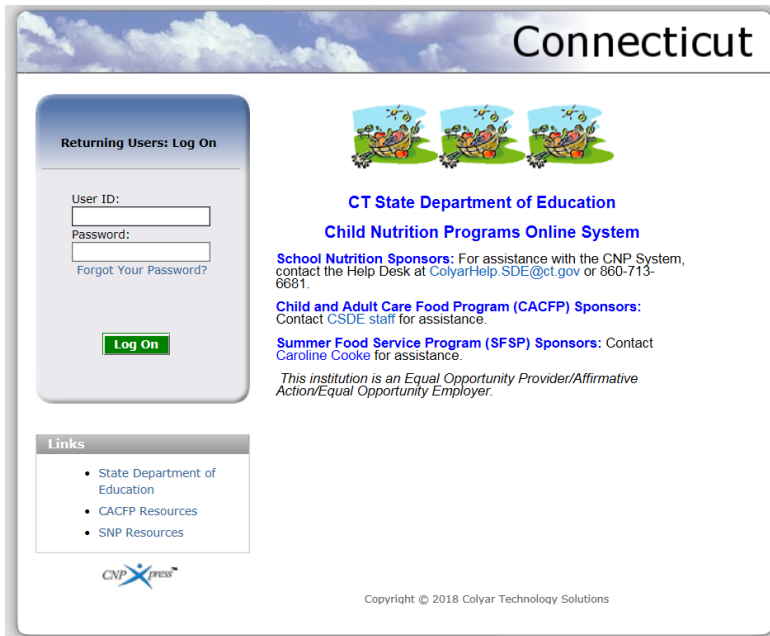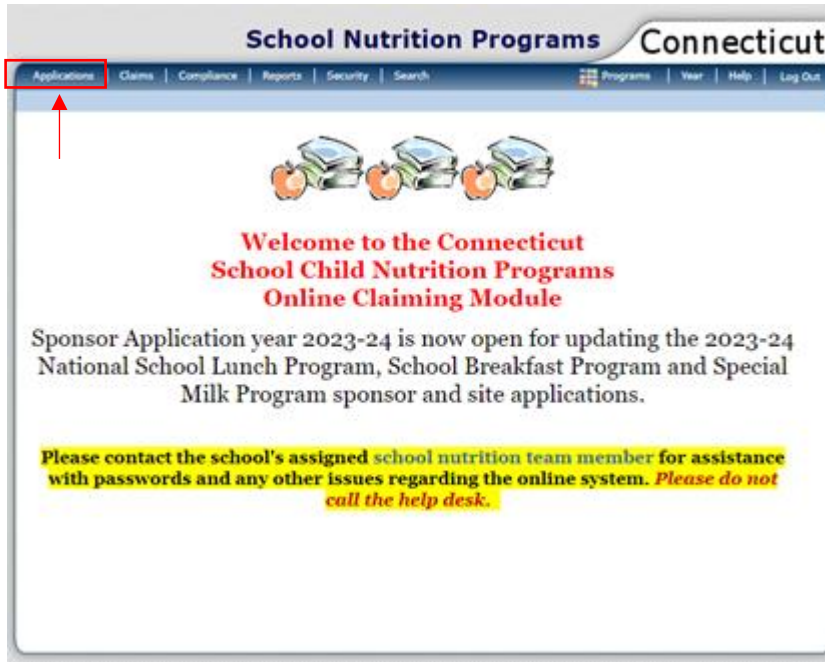

2. Log in with your **User ID** and **Password**.

3. Click on **School Nutrition Programs.**
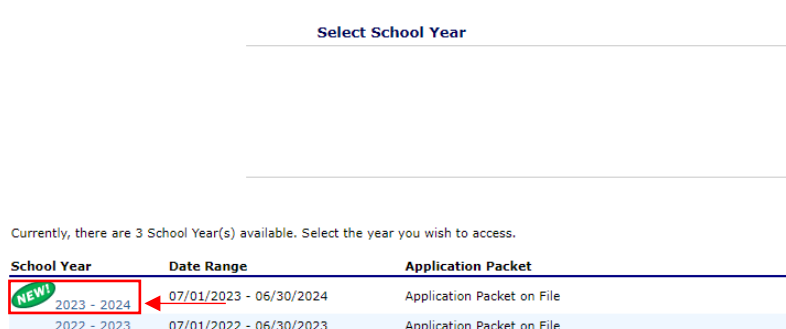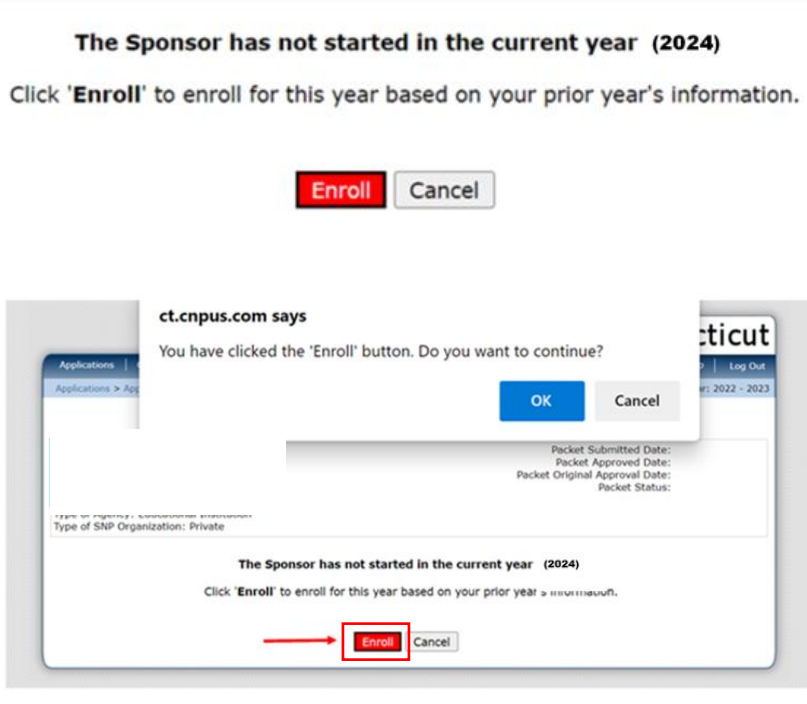
4. Click on **Applications**.

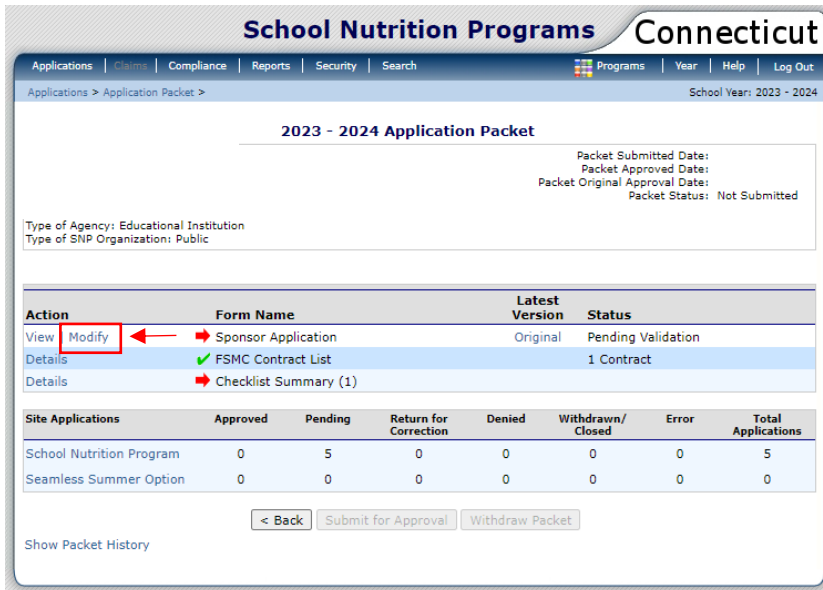5. Click on **Application Packet**.
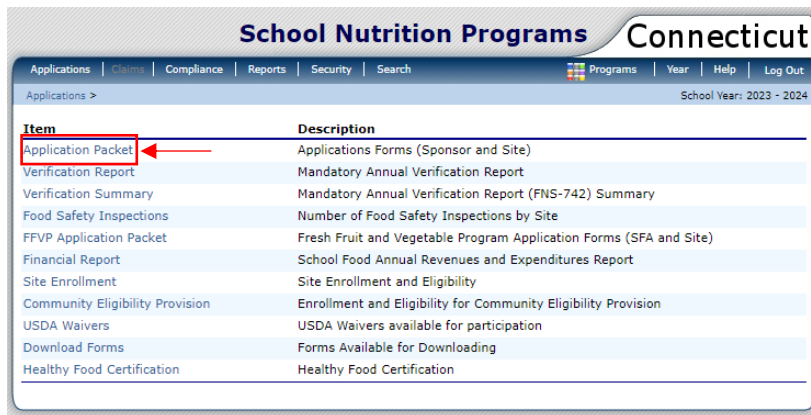
6. Click on school year **2023-24**

7. Click on **Enroll,** then **OK**. (This step may have already been completed as part of the completion of the Healthy Food Certification process).

8. The **2023-24 Application Packet** screen will appear. To the left of **Sponsor Application**, click on **Modify**.

9. The **sponsor application** will open. Most of the information entered in the school year 2022-23 application will transfer over.

Business Administrator

		Salutation	First Name	Last Name
2.	Name:	⌄		
3.	Email Address:		
4.	Phone:		Ext:	Fax:
5.	Title:		

Street Address

6.	Address Line 1:		
	Address Line 2:		
7.	City:		
8.	State:	CT	Zip:
9.	County:	⌄	

Mailing Address

☐ Same as the Street Address

10.	Address Line 1:		
	Address Line 2:		
11.	City:		
12.	State:	CT	Zip:
13.	County:	⌄	

Child Nutrition Director

☐ Same as the Business Administrator

		Salutation	First Name	Last Name
14.	Name:	⌄		
15.	Email Address:		
16.	Phone:		Ext:	Fax:

10. **Check all information for accuracy and make edits and updates as necessary.**

- The **Authorized Representative 1 and 2 must** be completed.

- The **Hearing Official must** be completed.

- The **Direct Certification Contact** can be left blank if the sponsor is **not** required to use the Direct Certification List. (e.g., RCCI's who do not claim day students.)

- The **Determining Official** can be left blank if the sponsor does **not** process free and reduced applications.

- The **Verifying Official** can be left blank if the sponsor is **not** required to conduct verification. **Note:** All sponsors of the NSLP must complete the FNS 742 Verification Summary Report even if the process of verification is not required since free and reduced-price applications are not processed.

11. For **Verification Method** (question 42), click on the type of verification method that the sponsor intends to use during school year 2023-24. Refer to the sponsor's school year 2022-23 Verification Report to determine what method should be used. (Note: If the sponsor had a nonresponse rate of 20 percent or more for the verification results in school year 2022-23, then Standard Sample Size verification is required based on error-prone applications. If the sponsor does not collect applications and is not required to complete verification, choose **No Verification to be Performed.**

Verification Method

42. Which type of Verification Method do you intend to use?
    ○ Standard
    ○ Alternate I
    ○ Alternate II
    ○ No Verification to be Performed

- For information on the allowable types of verification methods, refer to page 101 of the USDA's *Eligibility Manual for School Meals*.

12. For **Meal Count and Collection Procedures** (question 43), click **Yes** or **No**. All sponsors will be submitting documentation for site information on money collection and point of service (meal count) systems. For more information, refer to item 3 (Money Collection and POS Meal Count Systems) under "checklist."

Example:

Meal Count and Collection Procedures

43. Have your meal counting and claiming procedures at any of your sites been revised?   ○ Yes   ◉ No

13. For **Eligibility Information** (questions 44-47), if the sponsor does not collect applications, click **No** for all items. If the sponsor does collect applications, answer questions 44-47 accordingly. For question 48, if any of the sponsor's sites are participating in the Community Eligibility Provision (CEP), click **Yes**. If none of the sponsor's sites participate in CEP, click **No**.

Example:

Eligibility Information

44. Does your organization use the USDA/State prototype household application?	○ Yes	○ No
45. Does your organization use scanned applications?	○ Yes	● No
46. Does your organization use online applications?	○ Yes	● No
47. Are you using a computerized system for processing free and reduced applications?	● Yes	○ No
If Yes, what is the name of your computerized system?	QSP by Rediker Software	
48. Will any of your sites be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program?	○ Yes	● No

14. Questions 49-51 are only for **residential child care institutions** (RCCIs). If the sponsor is not an RCCI, nothing can be clicked. If the sponsor is an RCCI, answer questions 49-51 accordingly.

Residential Child Care Institution (RCCI) only

49. What is the student population type?	○ Residential only ○ Residential and day students
50. What documentation is used to qualify residential students for free meals?	○ Individual Determination Form ○ Other If Other, please describe:
51. What documentation is used to qualify day students for free and reduced price meals?	○ Free and Reduced Price Application ○ Other If Other, please describe:

15. For **Food Service Management Company** (question 52) click **Yes** or **No.** If **Yes** is clicked, complete the **Sponsor Contact for FSMC Contract**. This person is the Food Service Director's direct company manager (Area Manager or District Manager). For more information, refer to the steps for food service management companies in section 5.

Food Service Management Company (FSMC)

52. Will the school nutrition program be managed by a Food Service Management Company (FSMC)? ○ Yes ◉ No

Sponsor Contact for FSMC Contract

	Salutation	First Name	Last Name
53. Name:	▾		

54. Email Address:
55. Phone: _____ Ext: _____ Fax: _____
56. Title:

16. For **Vended Meals,** answer questions 57-60 as applicable. **All contracts/interschool agreements will be submitted/uploaded into the CNP System**. For more information, refer to item 13 (Vended Meals Contract) under "checklist."

Vended Meals

57. Does your organization purchase meals from a School Food Authority (SFA)? ○ Yes ◉ No
    If Yes, please list the School Food Authority (SFA) name(s): _____
    Do you have an agreement? ○ Yes ◉ No

58. Does your organization purchase meals/snacks from a vendor other than a School Food Authority (SFA)? ○ Yes ◉ No
    If Yes, please list the vendor name: _____
    Do you have a contract? ○ Yes ◉ No

59. Does your organization claim reimbursement for meals provided to a School Food Authority (SFA)? ○ Yes ◉ No
    Do you have an agreement? ○ Yes ◉ No

60. Does your organization vend meals to a School Food Authority (SFA)? ○ Yes ◉ No
    If Yes, please list the School Food Authority (SFA) name(s): _____

17. For **Severe Need Lunch – Reimbursement Rate Determination,** refer to Operational Memorandum No. 16-23: *Determining Eligibility for Severe Need Reimbursement for the School Breakfast Program and the Two-cent Differential Reimbursement for the National School Lunch Program in School Year 2023-24.*

Severe Need Lunch - Reimbursement Rate Determination

Lunches claimed for School Year (2020 - 2021)

Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra $.02 reimbursement rate
0	0	0	0.00 %	No

18. For **Certification**, click the **check box** and then click on **Save**.
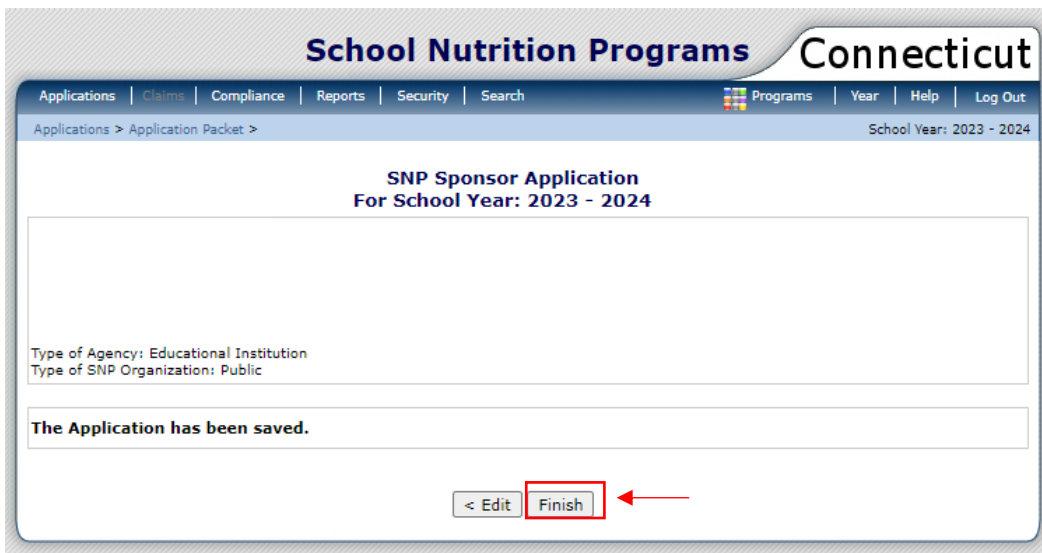
Certification

☑ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Save Cancel

19. Click on **Finish**. The **Sponsor Application** is now complete. The **Site Application** section must now be completed (refer to section 2).

School Nutrition Programs Connecticut

Applications | Claims | Compliance | Reports | Security | Search — Programs | Year | Help | Log Out
Applications > Application Packet > — School Year: 2023 - 2024

**SNP Sponsor Application
For School Year: 2023 - 2024**

Type of Agency: Educational Institution
Type of SNP Organization: Public

The Application has been saved.

< Edit   Finish

2 — Updating Site Agreements

1. To start the **Site Application**, click on **School Nutrition Programs**.

2. Click on **Modify** to the left of the **Site Name**.

3. The **SNP Site Application** screen will appear for the school that was selected. Most of the information entered in the school year 2022-23 application will transfer over. **Please check all information for accuracy and make edits and updates as necessary.**

    Review the selected **Program Information** and make updates as necessary. If the sponsor is adding a program, please **consult with your school nutrition programs county consultant** as additional information may need to be submitted before the site can be approved (refer to "CSDE contact" in this document).

VIEW | MODIFY

SNP Site Application
For School Year: 2023 - 2024

01   Status: Active
SCHOOL

Type of Agency: Educational Institution
Type of SNP Organization: Public

Version: Original

Program Information

Modify Program Selection

Participating Program(s)

☑ A. National School Lunch Program   (NSLP)   CFDA #10.555
☑ B. School Breakfast Program   (SBP)   CFDA #10.553
☑ C. Afterschool Snack Program   (ASP)   CFDA #10.555
☐ D. Special Milk Program   (SMP)   CFDA #10.556

Site Contact

	Salutation	First Name	Last Name
1. Name:	▾		

4. Update the **Site Contact** information as applicable. Review the **Street Address** and update as necessary.

Site Contact

		Salutation	First Name	Last Name
1.	Name:			
2.	Email Address:			
3.	Phone:		Ext:	Fax:
4.	Title:			

Street Address

5.	Address Line 1:	
	Address Line 2:	
6.	City:	
7.	State:	CT Zip:
8.	County:	Windham (008)

5. Review the **Participation Information** and update as necessary. **Note:** For information on the total lunch numbers used to determine the federal severe need breakfast reimbursement rate in number 9, refer to Operational Memorandum No. 16-23: *Determining Eligibility for Severe Need Reimbursement for the School Breakfast Program and the Two-cent Differential Reimbursement for the National School Lunch Program in School Year 2023-24.*

Participation Information

9. Lunches claimed for School Year (2021 - 2022) - Federal Severe Need Breakfast Reimbursement Rate Determination

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %	Qualify for Federal Severe Need Breakfast Reimb. Rate

10. Select Grades at this site: (Check all that apply)

Early Education: ☐	1st grade: ☑	5th grade: ☐	9th grade: ☐
Head Start: ☐	2nd grade: ☐	6th grade: ☐	10th grade: ☐
Pre-Kindergarten: ☑	3rd grade: ☐	7th grade: ☐	11th grade: ☐
Kindergarten: ☑	4th grade: ☐	8th grade: ☐	12th grade: ☐

11. Select Site Category: Elementary
12. Attendance Factor: 94.80
13. Kitchen Type: On-site Prep
    If Combination, identify which types:

- **Note:** The **Attendance Factor (AF)** is the percentage of students present on any given day, averaged over a month. Calculate the AF using the formula below:

  A = **Enrollment** x **days** in the month
  B = Total **absences** for the month

  $$\frac{A-B}{A} \Big\} \quad \boxed{\text{AF Formula}}$$

6. Review the **Pricing Information** and update as necessary.

- Sites participating in the Community Eligibility Provision must select "Non-Pricing – Universal Free" for the NSLP and SBP.

Pricing Information

14. **PRICING:** Insert prices charged for each program in which this site will participate (e.g. if the full price for lunch is $2.00, insert 2.00 under NSLP and in the column next to Paid).

NON-PRICING: Select if students will not be charged for meals.

REDUCED CHARGE WAIVED: Only paid students and adults are charged for meals.

NOTE: The maximum charge for reduced-price meals is $0.40 for lunch, $0.30 for breakfast, and $0.15 cents for snacks. Do not enter dollar signs in the meal pricing fields.

Meal Type	Pricing Information	Paid Price	Reduced Price	Adult Price
National School Lunch Program (NSLP)	Non-Pricing - CEP			4.25
School Breakfast Program (SBP)	Non-Pricing - CEP			2.00
Afterschool Snack Program (ASP)				

- **Sites receiving State Transition Assistance for Breakfast and Lunch Expenses (STABLE) funds** must select "Pricing" "Pricing – Reduced Charge Waived" for the NSLP and/or "Pricing" "Non-Pricing - Universal Free for the SBP.

Pricing Information

To copy pricing information from another Site, select the Site from the drop-down list and click the Copy button.
[▾] [Copy]

14. **PRICING:** Insert prices charged for each program in which this site will participate (e.g. if the full price for lunch is $2.00, insert 2.00 under NSLP and in the column next to Paid).

NON-PRICING: Select if students will not be charged for meals.

REDUCED CHARGE WAIVED: Only paid students and adults are charged for meals.

NOTE: The maximum charge for reduced-price meals is $0.40 for lunch, $0.30 for breakfast, and $0.15 cents for snacks. Do not enter dollar signs in the meal pricing fields.

Meal Type	Pricing Information	Paid Price	Reduced Price	Adult Price
National School Lunch Program (NSLP)	Pricing - Reduced Charge Wa ▾	2.75	0.40	5.00
School Breakfast Program (SBP)	Non-Pricing - Universal Free ▾			3.00
Afterschool Snack Program (ASP)	Non-Pricing ▾	0.00	0.00	1.00

Complete **Section A** – National School Lunch Program, **Section B** – School Breakfast Program (if applicable), **Section C** – Afterschool Snack Program (if applicable), and **Section D** – Special Milk Program (if applicable). Review program information and update as necessary.

Section A - National School Lunch Program (NSLP)

A1. A. Months of Operation: (Check all that apply)

	All: ☐	Jul: ☐	Aug: ☑	Sep: ☑	Oct: ☑	Nov: ☑	Dec: ☑
		Jan: ☑	Feb: ☑	Mar: ☑	Apr: ☑	May: ☑	Jun: ☑

B. Days of the week meals are served and claimed for reimbursement: (Check all that apply)

Mon-Fri: ☐   Mon: ☑   Tue: ☑   Wed: ☑   Thu: ☑   Fri: ☑   Sat: ☐   Sun: ☐

A2. Meal Service Times   Begin Time: 10 AM ⌄ :20 ⌄   End Time: 12 Noon ⌄ :45 ⌄

A3. Will Offer versus Serve (OVS) be implemented for Lunch?   ⦿ Yes   ○ No

A4. What grades are utilizing Offer vs. Serve (OVS) for Lunch?

	All: ☐	Early Education: ☐	1st grade: ☑	5th grade: ☑	9th grade: ☐
		Head Start: ☐	2nd grade: ☑	6th grade: ☐	10th grade: ☐
		Pre-Kindergarten: ☑	3rd grade: ☑	7th grade: ☐	11th grade: ☐
		Kindergarten: ☑	4th grade: ☑	8th grade: ☐	12th grade: ☐

A5. How many Points of Service?   2

7. For **Certification**, click the **check box** and then click on **Save**.

Certification

☑ I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Created By: 4/25/2023 11:48:22 PM

Save   Cancel

8. Click on F**inish**. The site application is now complete. The CNP System directs back to the **Site List**. Repeat steps 2-8 for each site.

The Site Application has been saved.

[< Edit] [**Finish**] ←

Action		Site ID / Site Name	NSLP	SBP	ASCP	SMP	FFVP	Version/ Status
		Totals	5	5	3	0	0	
View | Modify	✔	01 School	X	X	X			Original / Not Submitted
View | Modify	➡	03 School	X	X	X			Original / Pending Validation
View | Modify	➡	52 School	X	X	X			Original / Pending Validation
View | Modify	➡	61 High School	X	X				Original / Pending Validation
View | Modify	➡	70	X	X				Original / Pending Validation

3 — Checklist Summary

After the sponsor and site applications have been saved, the CNP System will generate a checklist of items that need to be submitted with the application.

1. Click on **Details**.

Action	Form Name	Latest Version	Status
View | Modify	✔ Sponsor Application	Original	Not Submitted
Details	✔ FSMC Contract List		1 Contract
Details	➡ Checklist Summary (13)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	0	0	0	0	0	0	0

2. Click on **Sponsor Information**.

SNP Checklist Summary

Type of Agency: Educational Institution
Type of SNP Organization: Public

Sponsor	Total Items	Submitted Items	Approved Items
School District	13	0	0

3. The SNP Checklist will list the items that need to be attached to the application. Click on the **blue paperclip** to attach the requested items. In the comment section, write the name of the document being attached. After the items are attached, click the check box under the heading **Document Submitted to CNP** (the **Date** will generate). Click **Save**.

Required Forms/Documents to send to CNP	Document Submitted to CNP	Date Submitted to CNP	Document on File w/CNP	Status	Status Date	Last Updated By
Policy Statement (SIGNED)	☑	☑	07/14/2023	☐	Pending Approval	07/12/2023	AReview
Meal Application and Data Management Process	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Site Information on Money Collection System and Point-of Service Meal Counting System	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Public Media Release	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Application for Free and Reduced-price School Meals or Free Milk	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Parent/Guardian Letter: Frequently Asked Questions (FAQs) (Meals or Milk)	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Parent/Guardian Notification Letter (approving or denying meals or milk benefits)	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Parent/Guardian Notification Letter of Direct Certification - Version 1	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Parent/Guardian Notification Letter of Direct Certification - Version 2	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Notice of Selection for Verification of Eligibility	🔗	☐		☐	Pending Approval	07/12/2023	AReview
Letter of Verification Results and Adverse Action for Income Households	🔗	☐		☐	Pending Approval	07/12/2023	AReview
SNP Upload	🔗	☐		☐	Pending Approval	07/12/2023	AReview
FSMC Contract Renewal Amendment	🔗	☐		☐	Pending Approval	04/25/2023	CGeddes

Action	Checklist Item	Comment	Attachment Date/Time
		There are no attachments	

Save Cancel

4. If a required checklist item is not listed under the heading **Required Forms/Documents to send to CNP**, use **SNP Upload** and repeat step 4.

Letter of Verification Results and Adverse Action for Income Households	🔗	☐		☐	Pending Approval	07/12/2023
SNP Upload	🔗	☐		☐	Pending Approval	07/12/2023

Checklist Items

All sample forms listed below are available on the CSDE's Forms for School Nutrition Programs webpage.

> **Note:** Specific forms for the Community Eligibility Provision (CEP) are available in the Documents/Forms section of the CSDE's CEP webpage. Specific forms for the Special Milk Program (SMP) are available in the Documents/Forms section of the CSDE's SMP webpage.

1. **Policy Statement:** The Policy Statement outlines the school food authority's () responsibilities specific to the agreement to participate in the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP), and the Afterschool Snack Program, or to provide free milk under the Special Milk Program (SMP). The SFA assures the CSDE that the policy with respect to determining the eligibility of children for free and reduced-price school meals will be uniformly implemented in all NSLPs and SBPs under its jurisdiction, as well as free milk in the SMP.

   Attach the school food authority's (SFA) completed and signed policy statement. https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/ Policy_Statement_Free_Reduced_Meals_ASP_Free_Milk.pdf

2. **Meal Application and Data Management Process:** Attach the SFA's completed *Meal Application and Data Management Process* form. https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/MealCount/ Meal_Application_Data_Management_Process_SNP.pdf

3. **Money Collection and Point-of-Service (POS) Meal Count Systems:** Attach the SFA's completed *Site Information on Money Collection and POS Meal Count Systems form.* https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/MealCount/ Site_Information_Money_Collection_Point_of_Service_Meal_Counts_SNP.pdf

4. **Public Media Release:** Attach the SFA's public media release for school year 2023-24.
   - **Public Media Release for Connecticut School Nutrition Programs STABLE Funds Version** https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/ STABLE_Public_Media_Release_Connecticut_SNP.docx

   - **Public Media Release for Connecticut School Nutrition Programs** https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/ Public_Media_Release_Connecticut_SNP.docx

5. **Application for Free and Reduced-price School Meals or Free Milk:** If applicable, attach the SFA's application distributed to households.
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/
Family_Application_Free_Reduced_School-Meals_Free_Milk.doc

6. **Parent/Guardian Letter: Frequently Asked Questions (FAQs) About Free and Reduced-price School Meals, and/or Parent/Guardian Letter: Frequently Asked Questions (FAQs) About Free School Milk: Attach the SFA's parent letters distributed to households:** Attach the SFA's parent letters distributed to households.

   • **Parent/Guardian Letter: Frequently Asked Questions (FAQs) STABLE Funds Version**
   https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/
   STABLE_Parent_Letter_FAQ_Free_Reduced_Meals_NSLP_SBP.docx

   • **Parent/Guardian Letter: Frequently Asked Questions (FAQs)**
   https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/
   Parent_Letter_FAQ_Free_Reduced_Meals_NSLP_SBP.docx

7. **Parent/Guardian Notification Letter (approving or denying meals or milk benefits):** If applicable, attach the SFA's parent/guardian notification letter for approving or denying meals or milk benefits).

   • **Parent/Guardian Notification Letter STABLE Funds Version**
   https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/
   STABLE_Parent_Notification_Letter_Free_Reduced_Eligibility.docx

   • **Parent/Guardian Notification Letter**
   https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Parent_Notification_Letter_Free_Reduced_Eligibility.docx

8. **Parent/Guardian Notification Letter for Direct Certification based on SNAP, TFA or Medicaid Benefits (Version 1):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 1).
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/
Direct_Certification_Parent_Notification_Letter1_SNAP_TFA_Medicaid.docx

9. **Parent/Guardian Notification letter for Direct Certification based on Foster Child, Homeless, Runaway or Head Start (Version 2):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 2).
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Direct_
Certification_Parent_Notification_Letter2_Foster_Child_Homeless_Runaway_Head_Start.docx

10. **Parent/Guardian Notification letter for Direct Certification based on Medicaid Benefits – Reduced-Price Meals (Version 3):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 3).

    - **Parent/Guardian Notification letter for Direct Certification based on Medicaid Benefits – Reduced-Price Meals STABLE Funds Version**
      https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/ STABLE_Direct_Certification_Parent_Notification_Letter3_Medicaid_Benefits_Reduce d_Meals.docx

    - **Parent/Guardian Notification letter for Direct Certification based on Medicaid Benefits – Reduced-Price Meals**
      https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/Direct_ Certification_Parent_Notification_Letter3_Medicaid_Benefits_Reduced_Meals.docx

11. **Household Letter to Verify Eligibility:** If applicable, attach the SFA's notice of selection for verification of eligibility.
    https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/ Sample_Household_Letter_Verify_Family_Eligibility.docx

12. **Letter of Verification Results and Adverse Action for Income Households:** If applicable, attach the SFA's notice of selection for verification of eligibility.

    - **Letter of Verification Results and Adverse Action for Income Households STABLE Funds Version**
      https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/ STABLE_Sample_Letter_Verification_Results_Adverse_Action_Income_ Households.docx

    - **Letter of Verification Results and Adverse Action for Income Households**
      https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/ Sample_Letter_Verification_Results_Adverse_Action_Income_Households.docx

13. **Interschool Agreement:** If applicable, attach all Interschool Agreement Forms. For more information, refer to the "Interschool Agreements" section of the CSDE's Forms for School Nutrition Programs webpage.

14. **Foodservice Management Company (FSMC) Contract:** If applicable, attach the FSMC contract and or amendments. For more information on the steps for FSMCs, refer to section 5.

15. **Vended Meals Contract:** If applicable, attach all vended meals contracts.

4 — Submitting the Application Packet for Approval

1. When the sponsor has completed and saved the Sponsor Application and all Site Applications without errors and attached all required Checklist Items, the Application Packet can be submitted for approval. Click on **Submit for Approval**.

Action	Form Name	Latest Version	Status
View | Modify	✔ Sponsor Application	Original	Not Submitted
Details	✔ FSMC Contract List		1 Contract
Details	✔ Checklist Summary (13)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	0	0	0	0	0	0	0

< Back   Submit for Approval   Withdraw Packet

Show Packet History

2. The Application Packet has now been submitted and is ready for approval by the CSDE. The application can no longer be modified and will be in **View Only** mode.

The Application Packet is currently under review by the State and is unavailable for changes.

Action	Form Name	Latest Version	Status
View	✔ Sponsor Application	Original	Submitted
Details	✔ FSMC Contract List		1 Contract
Details	✔ Checklist Summary (13)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	0	0	0	0	0	0	0

< Back   Submit for Approval   Withdraw Packet

5 — Food Service Management Company

1. If the school nutrition program is being managed by a Food Service Management Company (FSMC) (question 52) click **YES** and complete the **Sponsor Contact for FSMC Contract** information as part of the **Sponsor Agreement**.

   - **Note:** This section must be updated with the food service director's direct company manager. This would be an area manager or district manager. For information on the steps for the sponsor agreement, refer to section 1.

2. After the **Sponsor Application** has been saved, the **FSMC Contract List** will open.

   - If the SFA was **operating with a FSMC contract during school year 2022-23**, the FSMC Contract List will already be visible. Skip to step 11.

   - If the SFA has elected **not to renew the FSMC contract** and has moved to a self-operated program, skip to step 16.

3. Click on **Details**.

Action	Form Name	Latest Version	Status
View | Modify | Admin	Sponsor Application	Original	Error
Add	Community Eligibility Provision (CEP) Schedule		Not Started
Details	FSMC Contract List		No Contracts
Details	Meal Pattern Compliance Dashboard		Pending Validation

Packet Assigned To: unassigned

4. Click on **Create New Contract**.

Action	Company Name	Initial Year	Final Year	Status
No data to display.				

< Back | Create New Contract

New Contracts: Choose the FSMC **Company Name** and **Initial Year** of contract. The **Company Contact Information** will prefill. Select the **Begin Date**, **End Date** and **Number of Optional Renewal Years**. Indicate if the CNP FSMC prototype was used. Enter **comments** as needed.

Contract Information

1. Company Name: Child Nutrition Services
2. Initial Year: 2023-2024

Company Contact Information

Additional Contract Information

3. Contract Date
   Begin Date: 07/01/2023
   End Date: 06/30/2024
4. Number of Optional Renewal Years: 1
5. Final Year of Contract: 2024
6. Was the CNP FSMC prototype used? ⦿ Yes ◯ No
7. Comments:

5. The **Early Termination Information** and **Cancellation of Renewal** years are grayed out.

Early Termination Information ←

To terminate this Food Service Management Company contract mid-school year, please complete the following questions.

8. Early Termination? ○ Yes ◉ No

9. Early Termination Date:

10. Early Termination Comments:

Cancellation of Renewal Years ←

11. ☐ This Food Service Management Company contract will not be renewed for the upcoming school year 2023-2024.

6. Click on **Save** and **Finish**. The contact is now pending approval.

Action	Company Name	Initial Year	Final Year	Status
View | Modify | Admin	Child Nutrition Services	2023-2024	2024-2025	Pending Approval ←

< Back   Create New Contract

7. Upload the Contract and/or Amendments under the **Checklist Summary**. Click on **Details**.

Action	Form Name	Latest Version	Status
View | Modify	✔ Sponsor Application	Original	Not Submitted
Details	✔ FSMC Contract List		1 Contract
Details ←	➡ Checklist Summary (13)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	0	0	0	0	0	0	0

8. Click on **Sponsor** name.

Sponsor	Total Items	Submitted Items	Approved Items
School District ←	13	0	0

9. Click on the **check box** next to the **Food Service Management Company Contract** and then click on the **blue paperclip.** Upload the appropriate documents.

SNP Upload	📎	☐		☐	Pending Approval	07/14/2023
Foodservice Management Company Contract	📎	☑ ←	07/14/2023	☐	Pending Approval	07/14/2023

10. Click on **Save** and **Finish**.

| Foodservice Management Company Contract | 📎 | ☑ | 07/14/2023 | ☐ | Pending Approval | 07/14/2023 | SAlston |

Action	Checklist Item	Comment	Attachment Date/Time
View	Modify	Foodservice Management Company Contract	FSMC Contract SY 2023-24	7/14/2023 1:58:29 PM

Save Cancel

The Checklist has been saved.

< Edit | Finish

11. **Upload Contract Renewal Amendment:** Next to Checklist Summary click on **Details**.

Action	Form Name	Latest Version	Status
View	Modify	✔ Sponsor Application	Original	Not Submitted
Details	✔ FSMC Contract List		1 Contract
Details	➡ Checklist Summary (13)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	0	0	0	0	0	0	0

12. Click on **Sponsor Name.**

Sponsor	Total Items	Submitted Items	Approved Items
School District	13	0	0

13. Click on the check box next to the FMSC Contract Renewal Amendment and then click on the blue paperclip. Upload the appropriate document.

SNP Upload	📎	☐		☐	Pending Approval	07/14/2023
Foodservice Management Company Contract	📎	☑	07/14/2023	☐	Pending Approval	07/14/2023

14. Click **Save** then **Finish.**

Foodservice Management Company Contract	📎	☑	07/14/2023	☐	Pending Approval	07/14/2023	SAlston

Action	Checklist Item	Comment	Attachment Date/Time
View | Modify	Foodservice Management Company Contract	FSMC Contract SY 2023-24	7/14/2023 1:58:29 PM

[Save] [Cancel]

The Checklist has been saved.

[< Edit] [Finish]

15. **Cancellation of Renewal Years Process:** Check off box 11 as noted below if the SFA has elected **not** to renew their current contract.

Cancellation of Renewal Years

11. [X] This Food Service Management Company contract will not be renewed for the upcoming school year 2023-2024.

16. Click **Save** then **Finish.**
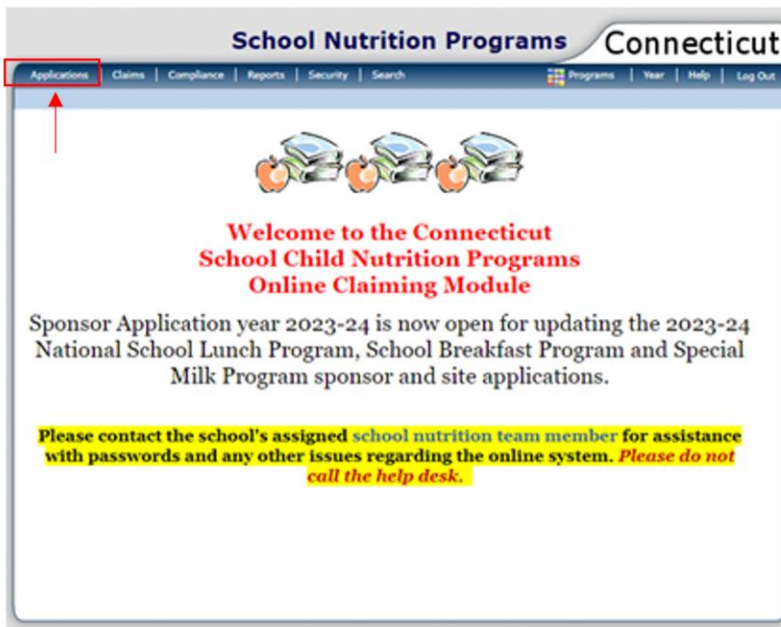
6 — Food Safety Inspection Report

To enter the number of food safety inspections at each site for school year 2022-23:

1. **Log in** to the CNP System at **https://ct.cnpus.com/prod/Splash.aspx.**

2. Click on **Applications**.

3. Click on **Food Safety Inspections**.

4. Click on **Modify for School Year 2022-23**.

Action	School Year	Received Date	Status
Modify	2022 - 2023		Not Started
View	2021 - 2022	10/13/2022	Submitted

For each site, enter in the number of **Food Safety Inspections** for school year 2022-23. If you select **None** or **One**, you must also indicate **why** from the drop-down box. If your reason **why** is not listed, you may select **Other** and then you will be able to enter the reason in the **Reason** box.

Site ID	Site Name and Address	1. Safety Inspections performed in 2022 - 2023. For each site indicating either "Zero" or "One", select the reason in 1b.	
		1a. Food Safety Inspections	1b. Reason for fewer than two inspections conducted (Select the most predominant reason).
70		⌄	⌄
			Reason:

5. After all the information has been entered, click on **Save**.

Food Safety Inspection Summary

Site Summary					Reasons Summary					
None	One	Two	Three or More	Total Sites	Requested, Not Completed	Schd. Inspector Not Avail.	N/A	Other	Total Reasons	
0 +	1 +	4 +	0 =	5	1 +	0 +	0 +	0 =	1	

Save | Cancel

6. Click on **Finish**.

The Food Safety Inspection has been processed.

< Edit | Finish

7 – Financial Report

1. Gather all the financial data needed to complete the financial form. Step 8 shows a screen shot of the form. **Note: You will have one opportunity to enter the data.**

2. Access the CSDE's Online Application and Claiming System for Child Nutrition Programs (**CNP System**) at https://ct.cnpus.com/prod/Splash.aspx.

3. Log in with your **User ID** and **Password**.

4. Click on **School Nutrition Programs**.

5. Click on **Applications**.

6. Click on **Financial Report**.
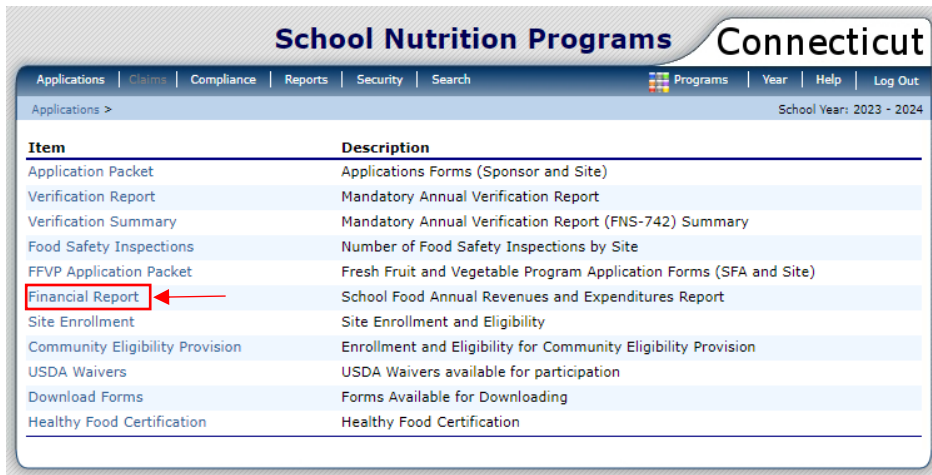
7. Click **Add for School Year 2023-24**. **Note:** The Reporting Period is Jul 2022-June 2023. **Do not** click **Add** until all financial data is available to enter. The CSDE's *Instructions for Submitting the Financial Report for School Nutrition Programs* provides step-by-step guidance on how to complete this report. SFAs that exceed three months' average expenditures must submit their *Plan to Reduce Excess Operating Balance* as part of the Financial Report.

8. Enter the appropriate amount into each field. For information on each category, refer to "Category Description for Revenues and Expenditures" in this document. When complete, check the **certification box** at the bottom of the page.

REVENUES AND EXPENDITURES

1. Revenue for Reporting Period
   a. Cash From Daily Sales $ _____
   b. Other Local Revenue $ _____
   c. BOE Subsidies to Food Services Dept. $ _____
   d. Total Revenue $0.00
2. Expenditure for Reporting Period
   a. Purchased Food Used $ _____
   b. Direct Labor $ _____
   c. Employee Benefits $ _____
   d. Purchased Services $ _____
   e. Equipment Purchase $ _____
   f. Supplies / Miscellaneous $ _____
   g. BOE Subsidies $ _____
   h. Total Costs $0.00
3. Computed Operating Position
   a. Ending Cash Balance $ _____
   b. Accounts Receivable $ _____
   c. Value of Inventories on Hand $ _____
   d. Total 3A + 3B + 3C $0.00
   e. Minus Accounts Payable $ _____
   f. Computed Operating Position (3D-3E) $0.00
   g. Number of Operating Months   _____
   h. Three Month Average Operating Cost (2H/3G)*3 $0.00
   i. Excess Balance (3F-3H) $0.00
   ☐ I certify that the information supplied above is correct to the best of my knowledge, that records are available to support this report. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject the applicant to prosecution under applicable state and federal statues.

9. After entering all data, click **SAVE** at the bottom of the page. This prompts the form to complete the calculations and the designated fields will populate automatically.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor exceeds the maximum allowable foodservice operating balance.

A maximum of three (3) months operating balance is allowable in the National School Lunch Program. The balance can exceed the limit if future planned expenditures for equipment, supplies, or program expansions exist; however, a proposal to expend those funds must be submitted to the state agency.

Actions	Notes		Version	Uploaded By
Add an attachment				

Created By: AReview on: 7/14/2023 12:06:35 PM   Modified By: AReview on: 7/14/2023 12:06:37 PM

→ Save   Cancel

Note: If a positive amount appears in field 3i (Excess Balance), an **error message** will appear because the sponsor exceeds the allowable three months operating cost. A corrective action plan (Plan to Reduce Excess Operating Balance for School Nutrition Programs) is required.

Click **Edit** and review the error message.

SNP Financial Form Details
for July 1, 2021 - June 30, 2022

Type of Agency: Educational Institution
Type of SNP Organization: Public

The Financial Form has been saved with errors.

Information entered is either incomplete or is not in compliance with the Connecticut State Department of Education Child Nutrition Programs rules and regulations. All errors listed on the form must be corrected before the Financial Form can be processed.
You may correct the errors now by clicking '< Edit' or you may return to the Financial Form later.

→ < Edit   Finish

Code	Error Description
18711	Corrective Action Plan must be attached if an Excess Balance exists.

If assistance is required with errors that are **not** Code 18711, contact your school nutrition programs county consultant.

If the error message indicates an excess balance exists. SFAs that exceed three months' average expenditures must submit a *Plan to Reduce Excess Operating Balance* to the CSDE to indicate how the excess balance will be spent to maintain the SFA's nonprofit status. Expenditures must make improvements to the school nutrition programs such as improving food quality and replacing or purchasing necessary equipment. The CSDE's *Instructions for the Plan to Reduce Excess Operating Balance* provides guidance on how to complete this form.

Click **Add an Attachment** to upload the SFA's *Plan to Reduce Excess Operating Balance*. **Note:** Only the CSDE template for the Plan to Reduce Excess Operating Balance will be accepted. Do not submit a narrative corrective action plan.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor exceeds the maximum allowable foodservice operating balance.

A maximum of three (3) months operating balance is allowable in the National School Lunch Program. The balance can exceed the limit if future planned expenditures for equipment, supplies, or program expansions exist; however, a proposal to expend those funds must be submitted to the state agency.

Actions	Notes	Version	Uploaded By
Add an attachment			

Created By: AReview on: 7/14/2023 12:06:35 PM   Modified By: AReview on: 7/14/2023 12:10:08 PM

Save Cancel

Category Descriptions for Revenues and Expenditures (Step 8)

1. **Revenue for Reporting Period**

   a. **Cash from Daily Sales:** Includes the total amount of money that cashiers receive for paying students, adult meals, and a la carte sales (foods and beverages sold separately from reimbursable meals).

   b. **Other Local Revenue:** Cash received from catering and other local sources such as interest income on bank accounts. Do **not** include state matching funds and federal reimbursements or state reimbursements.

   c. **BOE Subsidies:** Money that the board of education provides to subsidize the school food service program, such as the food service director's salary, health benefits, and equipment purchases. This also includes any in-kind services (services provided by the BOE but not charged to the school food service account), such as maintenance, electricity, gas, and telephone.

   d. **Total Revenue:** The CNP System calculates this amount automatically (a + b+ c).

2. **Expenditures for Reporting Period**

   a. **Purchased Food Used:** The total cost of all foods and beverages used, including government commodities at the storage and processing rate.

   b. **Direct Labor:** Include all food service employee salaries such as food service director, secretary, managers, cooks, general workers, cashiers, truck drivers, and any other food service employees.

   c. **Employee Benefits:** Includes all fringe benefits such as FICA, workers' compensation, health insurance, sick leave, uniforms, and physicals.

   d. **Purchased Services:** Includes all purchased services such as food service management fees, armored services, and exterminators.

   e. **Equipment Purchased:** Includes all equipment purchases including capital purchases and smaller items intended for long term use such as tables and chairs.

   f. **Supplies/Miscellaneous:** The total cost of all supplies used, such as paper, cleaning, expendable equipment under $500, and delivery charges for government commodities.

g. **BOE Subsidies:** Include the cost of BOE subsidies to reflect the cost of operating the SFA's program. This figure should equal the BOE subsidy amount listed in 1c of section 1, "Revenue for Reporting Period." **Note:** Do **not** include this figure in other expense areas.

h. **Total Costs:** The CNP System calculates this amount automatically (a + b+ c +d +e +f + g).

3. **Computed Operating Position**

a. **Ending Cash Balance:** The cash balance in the bank as of **June 30, 2023**, including checking, savings (all forms), petty cash, and posted interest.

b. **Accounts Receivable:** Includes all payments due, such as federal reimbursements and money owed from students and adults.

c. **Value of Inventories on Hand:** Ending inventory as of **June 30, 2023**, of purchased food, government commodities (at the storage and processing rate), and supplies.

d. **Total 3A + 3B + 3C:** The CNP System calculates this amount automatically (a + b+ c).

e. **Accounts Payable:** Any unpaid bills after June 30, 2023.

f. **Computed Operating Position (3D-3E):** The CNP System calculates this amount automatically.

g. **Number of Operating Months:** Record the number of months the Child Nutrition Program operated. Partial months count as a month. Include summer months if the sponsor is operating the seamless summer option (SSO) of the NSLP, an extended school year, or an official required academic summer school program.

h. **Three Month Average Operating Cost (2H/3G*3):** The CNP System calculates this amount automatically.

i. **Excess Balance (3F-3H):** This amount calculates automatically. **Note:** If an amount appears in this field, the sponsor exceeds the allowable three months operating cost and a corrective action plan is required. Click **Add an Attachment** to upload the SFA's specific corrective action plan.

CONNECTICUT STATE
DEPARTMENT OF EDUCATION