

Updating the Sponsor Application for School Nutrition Programs

School Year 2024-25



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

August 2024

Updating the Sponsor Application for School Nutrition Programs

https://portal.ct.gov/-/media/sde/nutrition/cnpsystem/update_sponsor_application_snp.pdf

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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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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 13, 2024**, to ensure timely approval and claims submission.

CSDE Contact Information for School Nutrition Programs Staff

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

County	CSDE staff
Middlesex County (includes Regions 4, 13, and 17) Tolland County (includes Regions 8 and 19)	Jennifer Bove 860-807-2044 jennifer.bove@ct.gov
Fairfield County (includes Region 9) Litchfield County (includes Regions 1, 6, 7, 12, and 14) School wellness policies	Fionnuala Brown 860-807-2129 fionnuala.brown@ct.gov
Hartford County (includes Region 10)	Teri Dandeneau 860-807-2079 teri.dandeneau@ct.gov
New Haven County (includes Regions 5, 15, and 16)	Greg King 860-713-6804 greg.king@ct.gov
New London County Windham County (includes Region 11) Claims processing	Susan Alston 860-807-2081 susan.alston@ct.gov

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>.

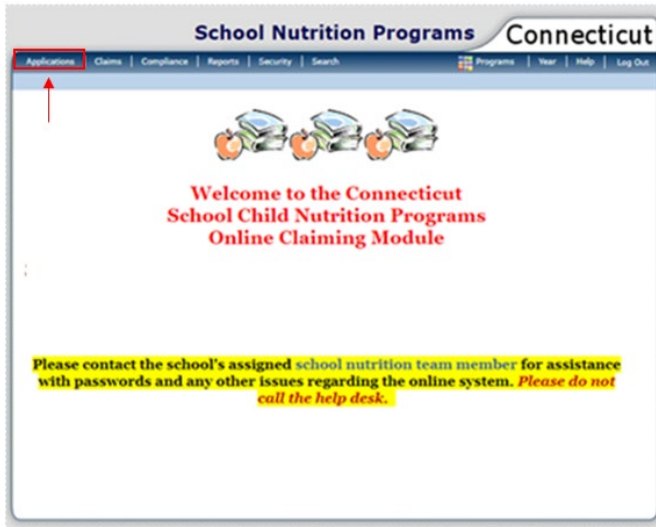
The screenshot shows the login page for the Connecticut Child Nutrition Programs Online System. The page has a header with the word "Connecticut" and a background image of a landscape with clouds. On the left, there is a "Returning Users: Log On" section with fields for "User ID:" and "Password:", a "Forgot Your Password?" link, and a green "Log On" button. In the center, there are three small illustrations of children eating. Below these, the text reads "CT State Department of Education" and "Child Nutrition Programs Online System". To the right, there are three sections of contact information: "School Nutrition Sponsors" (contacting the Help Desk at ColyarHelp.SDE@ct.gov or 860-713-6681), "Child and Adult Care Food Program (CACFP) Sponsors" (contacting CSDE staff), and "Summer Food Service Program (SFSP) Sponsors" (contacting Caroline Cooke). At the bottom, there is a "Links" section with bullet points for "State Department of Education", "CACFP Resources", and "SNP Resources". The page also features the "CNP Xpress" logo and a copyright notice for 2018 Colyar Technology Solutions.

2. Log in with your **User ID** and **Password**.
3. Click on **School Nutrition Programs**.



1 | Updating Sponsor Agreement

4. Click on **Applications**.



5. Click on **Application Packet**.



- Click on school year **2024-25**

Select School Year

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

Currently, there are 3 School Year(s) available. Select the year you wish to access.

School Year	Date Range	Application Packet
NEW 2024-2025	07/01/2024-06/30/2025	Application Packet on File
		Application Packet on File

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

The Sponsor has not started in the current year (2025)

Click '**Enroll**' to enroll for this year based on your prior year's information.

The screenshot shows a web application interface. At the top, a blue header contains the text "ct.cnpus.com says". Below this, a white dialog box with a blue border asks, "You have clicked the 'Enroll' button. Do you want to continue?". The dialog box has two buttons: "OK" (blue) and "Cancel" (gray). Below the dialog box, the main content area shows the text "The Sponsor has not started in the current year (2025)" and "Click 'Enroll' to enroll for this year based on your prior year's information." Below this text, there are two buttons: "Enroll" (red) and "Cancel" (gray). A red arrow points to the "Enroll" button. The background of the page is light gray and includes a sidebar with "Applications" and "Log Out" links.

1 | Updating Sponsor Agreement

- 8. The **2024-25 Application Packet** screen will appear. To the left of **Sponsor Application**, click on **Modify**.

School Nutrition Programs Connecticut

Applications | Claims | Compliance | Reports | Security | Search | Programs | Year | Help | Log Out

Applications > Application Packet > School Year:

Application Packet

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

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

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Pending Validation
Details	✔ FSMC Contract List		1 Contract
Details	➔ Checklist Summary (1)		

Site Applications	Approved	Pending	Returns 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

9. The **sponsor application** will open. Most of the information entered in the school year 2023-24 application will transfer over.

Business Administrator

2. Name: Salutation First Name Last Name

3. Email Address:

4. Phone: Ext: Fax:

5. Title:

Street Address

6. Address Line 1:
Address Line 2:

7. City:

8. State: Zip:

9. County:

Mailing Address

Same as the Street Address

10. Address Line 1:
Address Line 2:

11. City:

12. State: Zip:

13. County:

Child Nutrition Director

Same as the Business Administrator

14. Name: Salutation First Name Last 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.

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 2024-25. Refer to the sponsor's school year 2023-24 Verification Report to determine what method should be used.

If the sponsor had a nonresponse rate of 20 percent or more for the verification results in school year 2023-24, 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?

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 apply only to **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:

1 | Updating Sponsor Agreement

15. For **Food Service Management Company (FSMC)** (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

53. Name:

Salutation	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

54. Email Address:

55. Phone:

<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>
----------------------	---------------------------	---------------------------

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

Certification

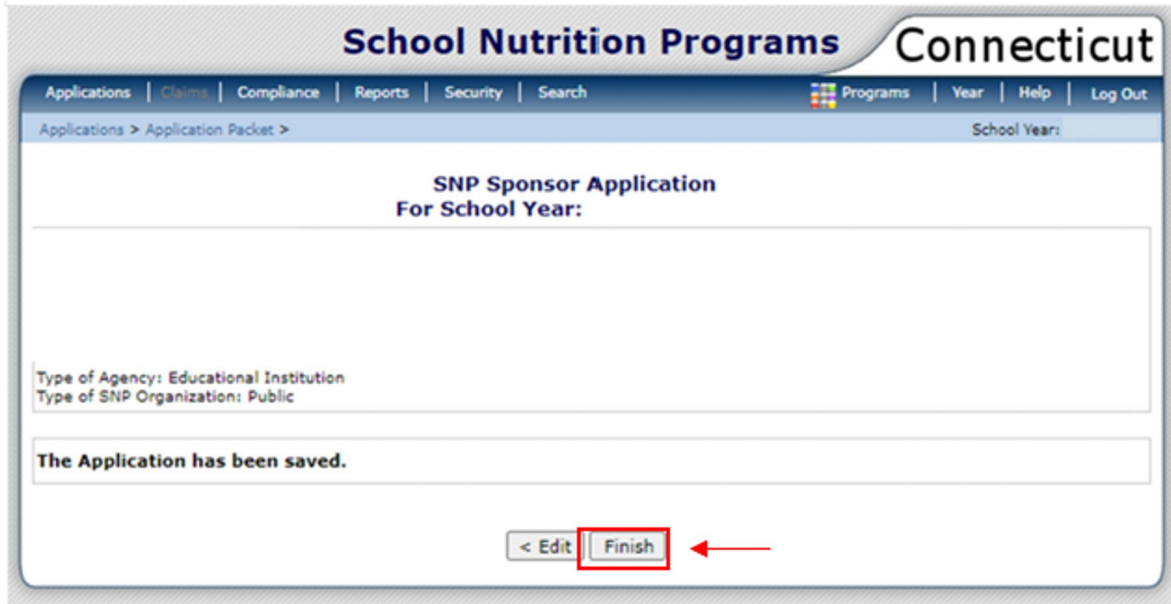
- I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

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.

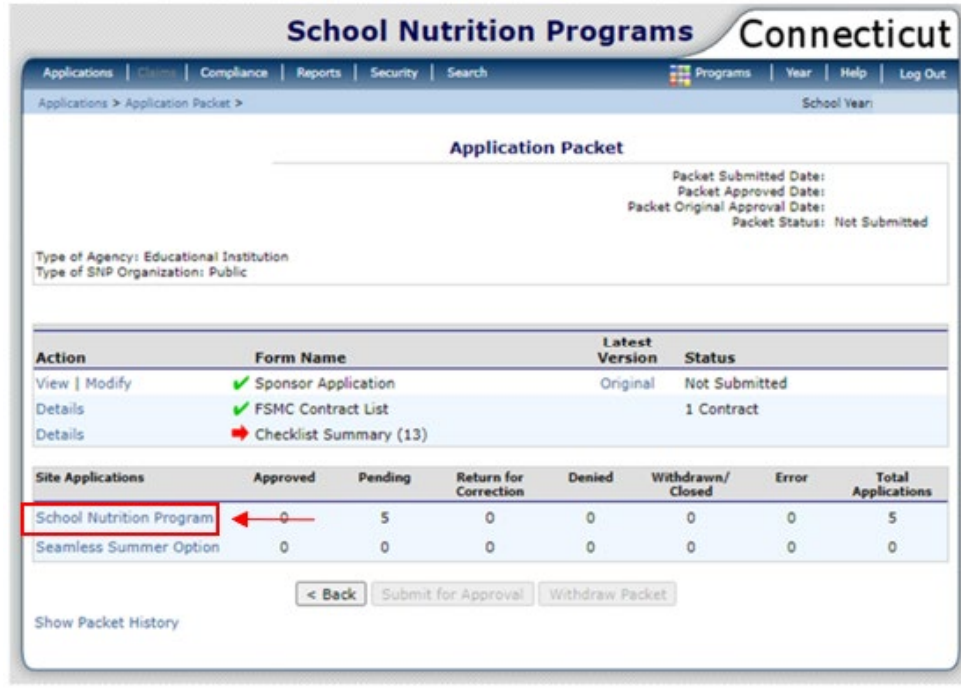


18. Click on **Finish**. The **Sponsor Application** is now complete. The **Site Application** section must now be completed (refer to [section 2](#)).



2 — Updating Site Agreements

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



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

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 / Pending Validation

2 | Updating Site Agreements

- The **SNP Site Application** screen will appear for the school that was selected. Most of the information entered in the school year 2023-24 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:

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

Version: Original

Program Information

[Modify Program Selection](#)

Participating Program(s)

<input checked="" type="checkbox"/>	A. National School Lunch Program	(NSLP)	CFDA #10.555
<input checked="" type="checkbox"/>	B. School Breakfast Program	(SBP)	CFDA #10.553
<input checked="" type="checkbox"/>	C. Afterschool Snack Program	(ASP)	CFDA #10.555
<input type="checkbox"/>	D. Special Milk Program	(SMP)	CFDA #10.556

Site Contact

1. Name:

	Salutation	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Site Contact

1. Name: Salutation First Name Last Name

2. Email Address:

3. Phone: Ext: Fax:

4. Title:

Street Address

5. Address Line 1:

Address Line 2:

6. City:

7. State: Zip:

8. County:

- Review the **Participation Information** and update as necessary.

Site Contact

1. Name: Salutation First Name Last Name

Participation Information

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:

12. Attendance Factor:

13. Kitchen Type:

If Combination, identify which types:

- 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

$$\frac{A-B}{A} \} \text{ AF Formula}$$

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

- Sites participating in the Community Eligibility Provision must select “Non-Pricing – CEP” 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 **ELIGIBLE to receive State Transition Assistance for Reduced-price (STAR) funds in SY 24-25** must select “Pricing – Reduced Charge Waived” for the NSLP and/or “Pricing – Reduced Charge Waived 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.

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 Wai	3.50	0.00	4.50
School Breakfast Program (SBP)	Pricing - Reduced Charge Wai	2.00	0.00	3.00
Afterschool Snack Program (ASP)				

- Sites **NOT eligible to receive State Transition Assistance for Reduced-price (STAR) funds in SY 24-25** must select “Pricing” for the NSLP and/or “Pricing” 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.

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	3.50	.40	4.50
School Breakfast Program (SBP)	Pricing	2.00	.30	3.00
Afterschool Snack Program (ASP)				

7. 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?

8. For **Certification**, click the **check box** and then click **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.

2 | Updating Site Agreements

- Click on **Finish**. 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 | Checklist Summary

3. The SNP Checklist will list the items that need to be attached to the application. Click on the **blue paper clip** 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**.

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

Action	Checklist Item	Comment
There are no attachments		

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		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
SNP Upload		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval

Checklist Items

All sample forms listed below are available on the CSDE's [Forms for School Nutrition Programs](#) webpage. For additional guidance, refer to the CSDE's [Required Items for the Online Sponsor Application "Checklist Summary."](#)

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 (SFA) 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.
- 2. Meal Application and Data Management Process:** Attach the SFA's completed [Meal Application and Data Management Process](#) form.
- 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](#).
- 4. Public Media Release:** Attach the SFA's public media release for school year 2024-25.
 - **Public schools only:** [Sample Public Media Release for Public School Sponsors of the Connecticut School Nutrition Programs STAR Funds Version](#)
 - **Private schools only:** [Sample Public Media Release for Private School Sponsors of the Connecticut School Nutrition Programs](#)
- 5. Application for Free and Reduced-price School Meals or Free Milk:** If applicable, attach the SFA's [Application for Free and Reduced-price School Meals or Free Milk](#) distributed to households.

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.
 - **Public schools only:** [Parent/Guardian Letter FAQs STAR Funds Version](#)
 - **Private schools only:** [Parent/Guardian Letter FAQs](#)
7. **Parent/Guardian Notification Letter (Approval/Denial of Free and Reduced Meals or Free Milk):** If applicable, attach the SFA's parent/guardian notification letter for approving or denying meals or milk benefits).
 - **Public schools only:** [Parent/Guardian Notification Letter STAR Funds Version](#)
 - **Private schools only:** [Parent/Guardian Notification Letter](#)
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](#).
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](#).
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.
 - **Public schools only:** [Parent/Guardian Notification Letter for Direct Certification based on Medicaid Benefits – Reduced-Price Meals STAR Funds Version](#)
 - **Private schools only:** [Parent/Guardian Notification Letter for Direct Certification based on Medicaid Benefits – Reduced-Price Meals](#)
11. **Household Letter to Verify Eligibility:** If applicable, attach the SFA's [Household Letter to Verify Eligibility](#).

12. **Letter of Verification Results and Adverse Action for Income Households:** If applicable, attach the SFA's notice of selection for verification of eligibility.
 - **Public schools only:** [Letter of Verification Results and Adverse Action for Income Households STAR Funds Version](#)
 - **Private schools only:** [Letter of Verification Results and Adverse Action for Income Households](#)
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](#)

4 | Submitting the Application Packet for Approval

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

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**.

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..](#)

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

53. Name:

54. Email Address:

55. Phone: Ext: Fax:

56. Title:

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 2023-24**, 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.

Action	Form Name	Latest Version	Status
View Modify	✓ Sponsor Application	Original	Not Submitted
Details	FSMC Contract List ←		No Contracts
Details	✓ Checklist Summary (12)		

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	5	0	0	0	0	5

Show Packet History

3. Click on **Details**.

Packet Assigned To: unassigned

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

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

Action	Company Name	Initial Year	Final Year	Status
No data to display.				
		<input type="button" value=" < Back"/> <input type="button" value=" 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: ←

2. Initial Year: ←

Company Contact Information

Additional Contract Information

3. Contract Date

Begin Date: ←

End Date: ←

4. Number of Optional Renewal Years: ←

5. Final Year of Contract:

6. Was the CNP FSMC prototype used? Yes ← No

7. Comments:

- 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.

- Click on **Save** and **Finish**. The contract is now pending approval.

Action	Company Name	Initial Year	Final Year	Status
View Modify Admin	Child Nutrition Services			Pending Approval

< Back **Create New Contract**

- 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

- Click on **Sponsor** name.



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

5 | Food Service Management Company

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

SNP Upload		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Foodservice Management Company Contract		<input checked="" type="checkbox"/>	07/14,	<input type="checkbox"/>	Pending Approval


- Click on **Save** and **Finish**.

Foodservice Management Company Contract			<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	SAIston
Action	Checklist Item	Comment		Attachment Date/Time			
View Modify	Foodservice Management Company Contract	FSMC Contract SY					
							

The Checklist has been saved.

- 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				
	➔ 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 paper click. Upload the appropriate document.

SNP Upload		<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval
Foodservice Management Company Contract		<input checked="" type="checkbox"/>	07/14,	<input type="checkbox"/>	Pending Approval

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

Foodservice Management Company Contract Pending Approval SA/ston

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	Foodservice Management Company Contract	FSMC Contract SY	

Save

The Checklist has been saved.

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. This Food Service Management Company contract will not be renewed for the upcoming school year

16. Click **Save** then **Finish**.

Cancellation of Renewal Years

11. X This Food Service Management Company contract will not be renewed for the upcoming school year



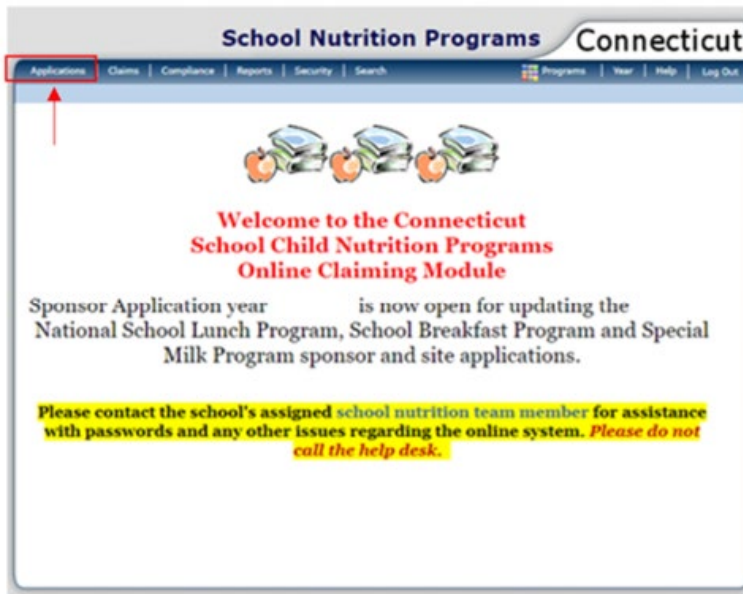
The FSMC Contract has been processed.



6 — Food Safety Inspection Report

To enter the number of food safety inspections at each site for school year 2023-24:

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**.



6 | Food Safety Inspection Report

- Click on **Modify** for School Year 2023-24.

Action	School Year	Received Date	Status
Modify	2023-24		Not Started
View			Submitted

For each site, enter in the number of **Food Safety Inspections** for school year 2023-24. 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 either "Zero" or "One", select the reason in 1b.	For each site indicating either "Zero" or "One", select the reason in 1b.
70		1a. Food Safety Inspections	1b. Reason for fewer than two inspections conducted (Select the most predominant reason).
		<input type="text"/>	<input type="text"/> Reason: <input type="text"/>

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

Food Safety Inspection Summary

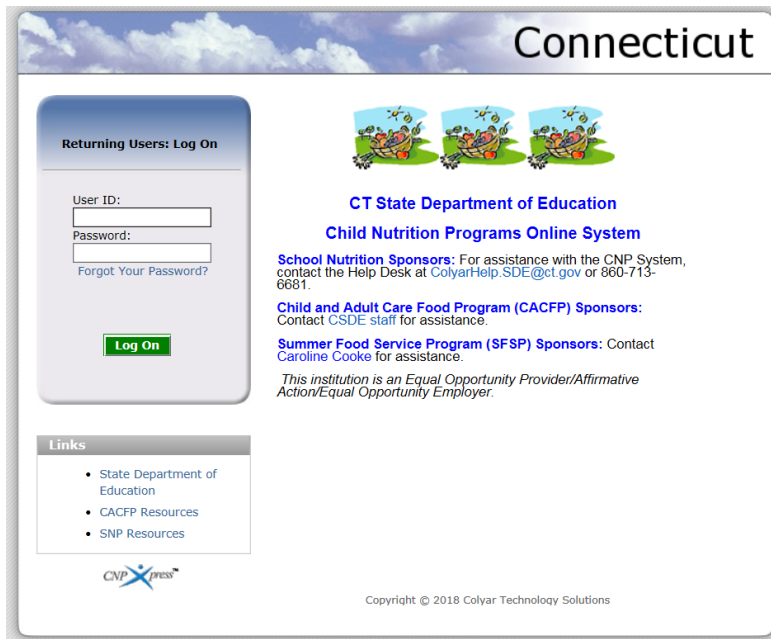
Site Summary					Reasons Summary				
None	One	Two	Three or More	Total Sites	Requested, Not Completed	Schd. Inspector Not Avail.	N/A	Other	Total Reasons
0	1	4	0	= 5	1	0	0	0	= 1

- Click on **Finish**.

The Food Safety Inspection has been processed.

7 — Financial Report

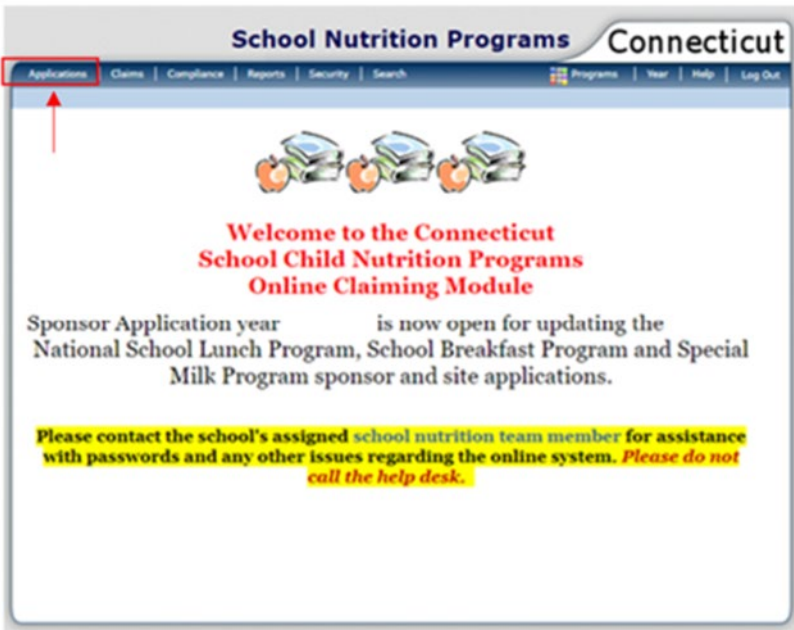
1. Gather all the financial data needed to complete the financial form. [Step 8](#) shows a screen shot of the form.
2. Access the CSDE's **Online Application and Claiming System for Child Nutrition Programs (CNP System)** at <https://ct.cnpus.com/prod/Splash.aspx>.
3. Log in with your **User ID** and **Password**.



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



5. Click on **Applications**.



6. Click on **Financial Report**.



The screenshot shows the 'School Nutrition Programs Connecticut' website interface. At the top, there is a navigation menu with links for Applications, Claims, Compliance, Reports, Security, and Search. On the right side of the menu, there are links for Programs, Year, Help, and Log Out. Below the navigation menu, there is a sub-menu with 'Applications >' and 'School Year'. The main content area is a table with two columns: 'Item' and 'Description'. The 'Financial Report' item is highlighted in blue and has a red arrow pointing to it from the left.

Item	Description
Application Packet	Applications Forms (Sponsor and Site)
Verification Report	Mandatory Annual Verification Report
Verification Summary	Mandatory Annual Verification Report (FNS-742) Summary
Food Safety Inspections	Number of Food Safety Inspections by Site
FFVP Application Packet	Fresh Fruit and Vegetable Program Application Forms (SFA and Site)
Financial Report	School Food Annual Revenues and Expenditures Report
Site Enrollment	Site Enrollment and Eligibility
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
USDA Waivers	USDA Waivers available for participation
Download Forms	Forms Available for Downloading
Healthy Food Certification	Healthy Food Certification

7. Click **Add** for **School Year 2024-25**.


Actions	Version	School Year	Reporting Period	Received Date	Status
Add		2024-2025	July 2023—June 2024		Not on File

The Reporting Period is **July 2023-June 2024**. **Do not** click **Add** until all financial data is available to enter. 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	\$ <input type="text"/>
b. Other Local Revenue	\$ <input type="text"/>
c. BOE Subsidies to Food Services Dept.	\$ <input type="text"/>
d. Total Revenue	\$0.00
2. Expenditure for Reporting Period	
a. Purchased Food Used	\$ <input type="text"/>
b. Direct Labor	\$ <input type="text"/>
c. Employee Benefits	\$ <input type="text"/>
d. Purchased Services	\$ <input type="text"/>
e. Equipment Purchase	\$ <input type="text"/>
f. Supplies / Miscellaneous	\$ <input type="text"/>
g. BOE Subsidies	\$ <input type="text"/>
h. Total Costs	\$0.00
3. Computed Operating Position	
a. Ending Cash Balance	\$ <input type="text"/>
b. Accounts Receivable	\$ <input type="text"/>
c. Value of Inventories on Hand	\$ <input type="text"/>
d. Total 3A + 3B + 3C	\$0.00
e. Minus Accounts Payable	\$ <input type="text"/>
f. Computed Operating Position (3D-3E)	\$0.00
g. Number of Operating Months	<input type="text"/>
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 statutes.

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: 8/8/2022 10:13:16 AM Modified By: AReview on: 8/8/2022 10:13:18 AM



VIEW | MODIFY | DELETE

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.


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

SNP Financial Form Details
for

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.



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 the district’s assigned school nutrition team member (refer to “[Contact Information for CSDE School Nutrition Programs Staff](#)” in this document).
- If the error message indicates an excess balance exists (exceeds three months’ average expenditures), the SFA must submit a [Plan to Reduce Excess Operating Balance for School Nutrition Programs](#) 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. Instruction on how to complete the form are included in the form.

- 11. Click **Add an Attachment** to upload the SFA's *Plan to Reduce Excess Operating Balance for School Nutrition Programs*.

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			

Save **Cancel**

SFAs must use the CSDE's *Plan to Reduce Excess Operating Balance for School Nutrition Programs*. This is the only document that will be accepted by the CSDE. Do not submit a narrative corrective action plan.

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.
- 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 with a unit cost 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." 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, 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, 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.
- 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.

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 [Plan to Reduce Excess Operating Balance for School Nutrition Programs](#).