Updating the Sponsor Application for School Nutrition Programs

School Year 2025-26

CONNECTICUT
Education

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

August 2025

Updating the Sponsor Application for School Nutrition Programs

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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 12, 2025**, to ensure timely approval and claims submission.

CSDE Contact Information for
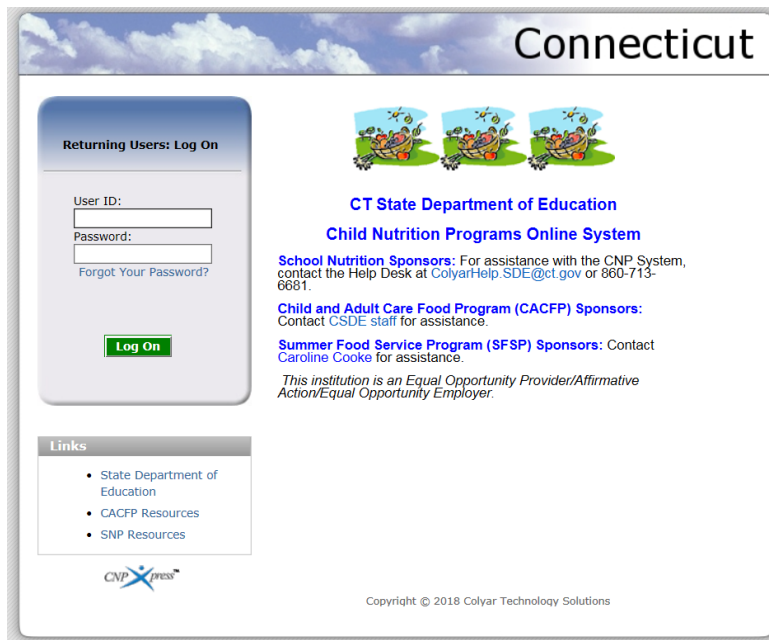# School Nutrition Programs Staff

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) **RCCIs:** Adelbrook, Inc. – The Children's Home	Jennifer Bove 860-807-2044 jennifer.bove@ct.gov
Fairfield County (includes Region 9) **Litchfield County** (includes Regions 1, 7, 12, 14, and 20)	Fionnuala Brown 860-807-2129 fionnuala.brown@ct.gov
Hartford County (includes Region 10 and the Connecticut Technical Education & Career System [CTECS])	Teri Dandeneau 860-807-2079 teri.dandeneau@ct.gov
New Haven County (includes Regions 5, 15, and 16) **RCCIs:** Children's Center, Boys & Girls Village, Inc.	Greg King 860-713-6804 greg.king@ct.gov
New London County **Windham County** (includes Region 11) **RCCIs:** Waterford Country School	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.
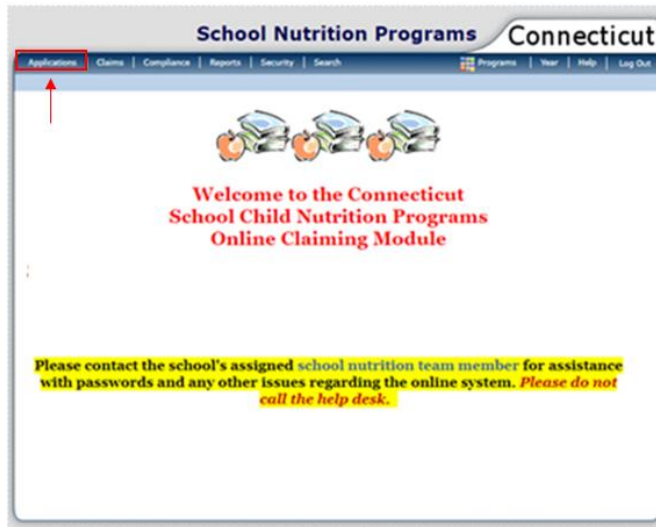

2. Log in with your **User ID** and **Password**.

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

4. Click on **Applications**.

5. Click on **Application Packet**.

6. Click on school year **2025-26**

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 **2025-26 Application Packet** screen will appear. To the left of **Sponsor Application**, click on **Modify**.

The **sponsor application** will open. Most of the information entered in the school year 2024-25 application will transfer over.

9. **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

10. For **Verification Method** (question 42), click on the type of verification method that the sponsor intends to use during school year 2025-26. Refer to the sponsor's school year 2024-25 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 2024-25, 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*.

11. 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

12. 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

13. 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:

14. 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

	Salutation	First Name	Last Name
53. Name:			

54. Email Address:

55. Phone: Ext: Fax:

56. Title:

15. 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):

16. 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

17. 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

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 2024-25 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 Information for School Nutrition Programs Staff" 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)

☑ 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.

Site Contact

		Salutation	First Name	Last Name
1.	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: Elementary
12. Attendance Factor: 94.80
13. Kitchen Type: On-site Prep
    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 $\frac{A-B}{A}$ } AF Formula

  B = Total **absences** for the month

6. Review the **Pricing Information** and update the paid, reduced and adult price 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 with a pricing program** 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.
[▼] [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	4.00	.40	6.00
School Breakfast Program (SBP)	Pricing	2.50	.30	4.00
Afterschool Snack Program (ASP)		0.00	0.00	.00

- **Sites that are non-pricing programs** must select "Non-Pricing – Universal Free" for the NSLP and/or "Non-Pricing – Universal Free" for the SBP. RCCIs or SFAs that Qualify for the SY 2025-2026 PLE Exemption and have submitted a plan to utilize funds to eliminate the cost of meals may select this option.

Pricing Information

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

[dropdown] [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)	Non-Pricing - Universal Free ∨			6.00
School Breakfast Program (SBP)	Non-Pricing - Universal Free ∨			4.00
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?　　2

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.

[Save] [Cancel]

9. 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. 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**.

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

Action	Checklist Item	Comment
	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.

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 () 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 2025-26.

    -   **Non CEP schools**: Sample Public Media Release for Public School Sponsors of the Connecticut School Nutrition Programs

    -   **CEP schools only:** Sample Press Release for the Community Eligibility Provision (CEP)

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.

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).

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.

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, 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. **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**.

> 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

	Salutation	First Name	Last Name
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. **Note: With the addition of the FSMC module, this section will populate from the information entered and approval given in the FSMC Module. No additional information is required, or updates needed for this section of the Sponsor Application**.

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

< Back   Submit for Approval   Withdraw Packet

Show Packet History

3. The **Checklist Summary must still be completed**. Click on **Details**.

Action	Form Name	Latest Version	Status
			Packet Assigned To: unassigned
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 **Sponsor** name.

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

5. Click on the **check box** next to the **Food Service Management Company Contract** and then click on the **blue paper clip. Note: DO NOT upload any documents. Required documents are included as part of the FSMC module or have been submitted to CSDE via email.**

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

6. Click on **Save** and **Finish**.

Foodservice Management Company Contract	📎	☑		☐	Pending Approval		SAlston

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

[Save] [Cancel]

The Checklist has been saved.

[< Edit] [Finish]

6 — Food Safety Inspection Report

Enter the number of food safety inspections at each site for school year 2024-25.

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

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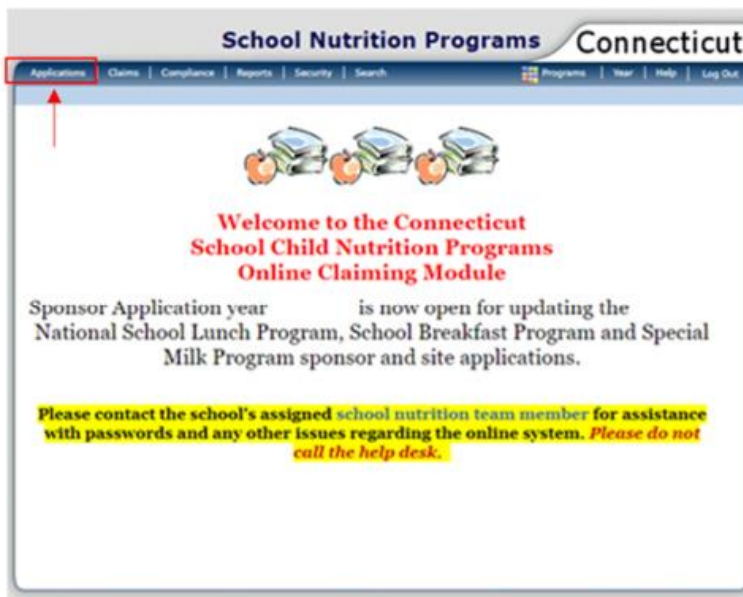
3. Click on **Food Safety Inspections**.

4. Click on **Modify for School Year 2024-25**.

Action	School Year	Received Date	Status
Modify	2024-2025		Not Started
View			Submitted

For each site, enter in the number of **Food Safety Inspections** for school year 2024-25. 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 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