

# **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**

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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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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

## CSDE Contact Information for School Nutrition Programs Staff

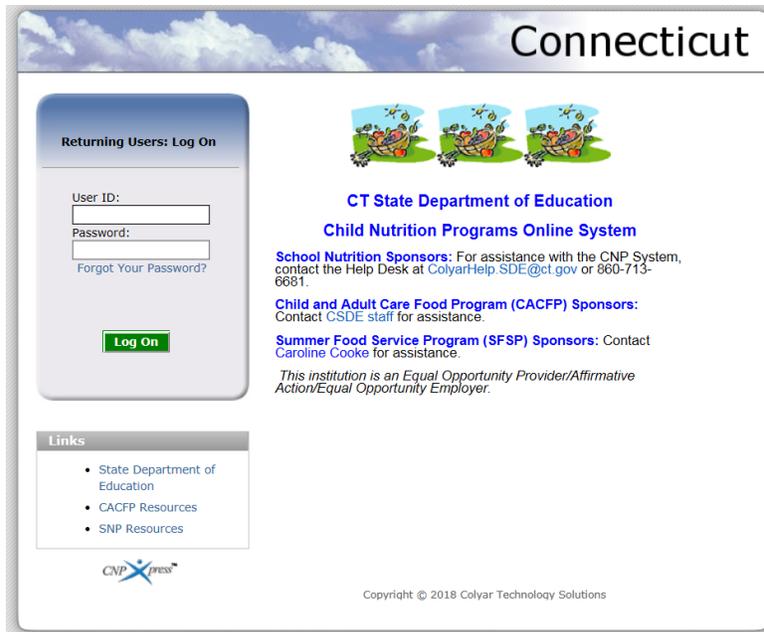
For questions regarding this information, please contact the school nutrition programs staff in the CSDE’s Bureau of Child Nutrition Programs.

County	CSDE staff
<b>Middlesex County</b> (includes Regions 4, 13, and 17) <b>Tolland County</b> (includes Regions 8 and 19)  <b>RCCIs:</b> Adelbrook, Inc. – The Children’s Home	Jennifer Bove 860-807-2044 <a href="mailto:jennifer.bove@ct.gov">jennifer.bove@ct.gov</a>
<b>Fairfield County</b> (includes Region 9) <b>Litchfield County</b> (includes Regions 1, 7, 12, 14, and 20)	Fionnuala Brown 860-807-2129 <a href="mailto:fionnuala.brown@ct.gov">fionnuala.brown@ct.gov</a>
<b>Hartford County</b> (includes Region 10 and the Connecticut Technical Education & Career System [CTECS])	Teri Dandeneau 860-807-2079 <a href="mailto:teri.dandeneau@ct.gov">teri.dandeneau@ct.gov</a>
<b>New Haven County</b> (includes Regions 5, 15, and 16)  <b>RCCIs:</b> Children’s Center, Boys & Girls Village, Inc.	Greg King 860-713-6804 <a href="mailto:greg.king@ct.gov">greg.king@ct.gov</a>
<b>New London County</b> <b>Windham County</b> (includes Region 11)  <b>RCCIs:</b> Waterford Country School	Susan Alston 860-807-2081 <a href="mailto:susan.alston@ct.gov">susan.alston@ct.gov</a>

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>.

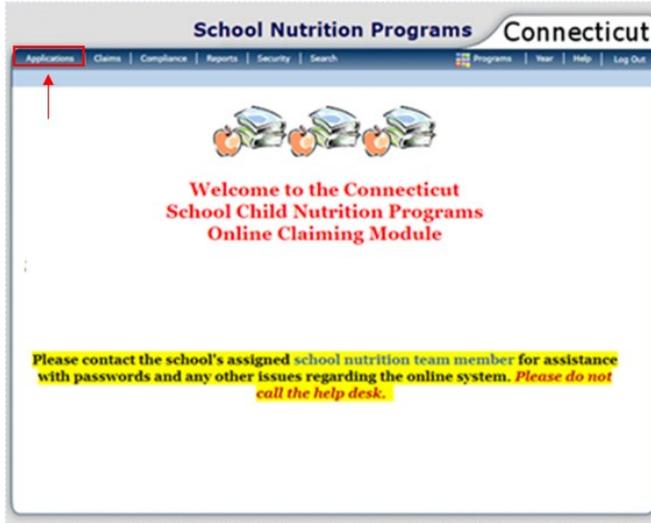


2. Log in with your **User ID** and **Password**.
3. Click on **School Nutrition Programs**.

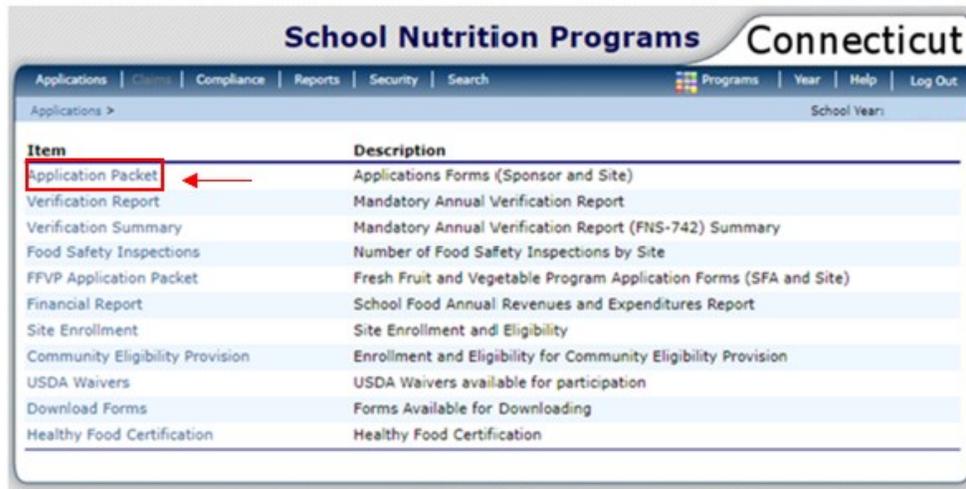


# 1 | Updating Sponsor Agreement

4. Click on **Applications**.



5. Click on **Application Packet**.



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

**Select School Year**

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

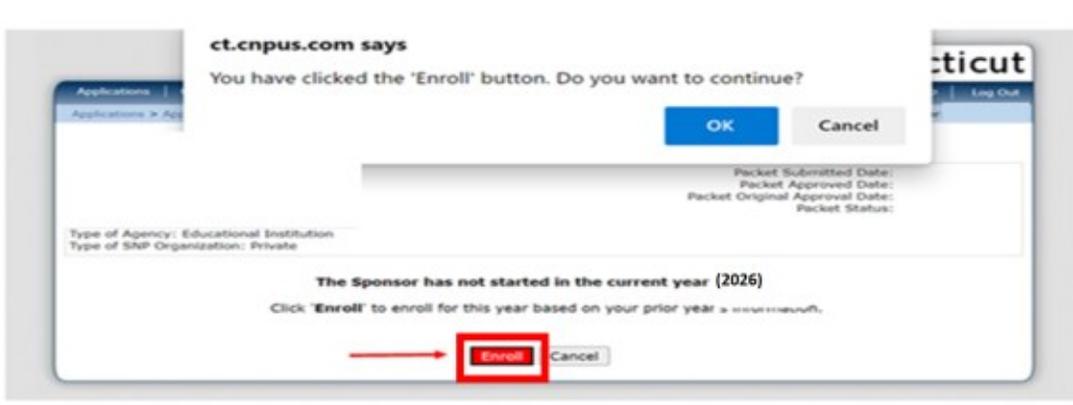
Currently, there are 3 School Year(s) available. Select the year you wish to access.

School Year	Date Range	Application Packet
<b>NEW!</b> 2025-2026	07/01/2025-06/30/2026	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 (2026)**

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



# 1 | Updating Sponsor Agreement

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

The screenshot shows the 'Application Packet' screen in the 'School Nutrition Programs Connecticut' system. The page includes a navigation menu at the top with options like 'Applications', 'Claims', 'Compliance', 'Reports', 'Security', and 'Search'. Below the navigation, there are fields for 'Packet Submitted Date', 'Packet Approved Date', 'Packet Original Approval Date', and 'Packet Status: Not Submitted'. The agency information is listed as 'Type of Agency: Educational Institution' and 'Type of SNP Organization: Public'. A table lists the forms included in the packet:

Action	Form Name	Latest Version	Status
View <b>Modify</b>	➔ Sponsor Application	Original	Pending Validation
Details	✓ FSMC Contract List		1 Contract
Details	➔ Checklist Summary (1)		

Below this table is a summary table for 'Site Applications':

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

At the bottom of the screen, there are buttons for '< Back', 'Submit for Approval', and 'Withdraw Packet', along with a 'Show Packet History' link.

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

**Business Administrator**

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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:

**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

# 1 | Updating Sponsor Agreement

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**

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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

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**

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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

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**

53. Name: Salutation  First Name  Last 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.



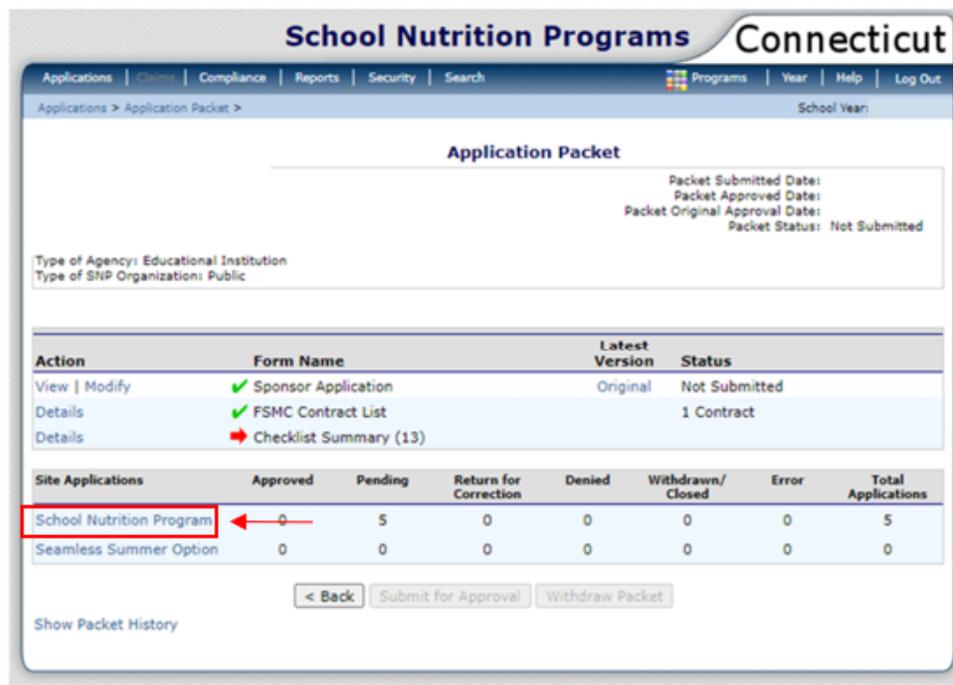
# 1 | Updating Sponsor Agreement

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**.

Action	Site ID / Site Name	NSLP	SBP	ASCP	SMP	FFVP	Version/Status
		<b>Totals</b>	5	5	3	0	0
View <b>Modify</b> →	01 School	X	X	X			Original / Pending Validation

## 2 | Updating Site Agreements

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

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**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

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**Site Contact**

	Salutation	First Name	Last Name
1. Name:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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**

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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:

$$A = \text{Enrollment} \times \text{days in the month} \quad \frac{A-B}{A} \quad \text{AF Formula}$$

**B** = Total **absences** for the month

## 2 | Updating Site Agreements

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**

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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)	<input type="text" value="Pricing"/>	<input type="text" value="4.00"/>	<input type="text" value=".40"/>	<input type="text" value="6.00"/>
School Breakfast Program (SBP)	<input type="text" value="Pricing"/>	<input type="text" value="2.50"/>	<input type="text" value=".30"/>	<input type="text" value="4.00"/>
Afterschool Snack Program (ASP)	<input type="text" value=""/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value=".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.

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 | Updating Site Agreements

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

**Certification**

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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.

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.

Action	Site ID / Site Name	NSLP	SBP	ASCP	SMP	FFVP	Version/Status
	<b>Totals</b>	5	5	3	0	0	
View   Modify	01 School	X	X	X			Original / Not Submitted
View   <b>Modify</b>	03 School	X	X	X			Original / Pending Validation
View   <b>Modify</b>	52 School	X	X	X			Original / Pending Validation
View   <b>Modify</b>	61 High School	X	X				Original / Pending Validation
View   <b>Modify</b>	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
<b>Details</b>	➔ 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**

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

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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="text"/>	<input type="checkbox"/>	Pending Approval
Site Information on Money Collection System and Point of Service Meal Counting System	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Public Media Release	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Application for Free and Reduced-price School Meals or Free Milk	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Parent/Guardian Letter: Frequently Asked Questions (FAQs) (Meals or Milk)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Parent/Guardian Notification Letter (approving or denying meals or milk benefits)	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Parent/Guardian Notification Letter of Direct Certification - Version 1	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Parent/Guardian Notification Letter of Direct Certification - Version 2	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
Notice of Selection for Verification of Eligibility	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval
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
FSMC Contract Renewal Amendment	 <input type="checkbox"/>	<input type="text"/>	<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
<b>SNP Upload</b>		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval

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## 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

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## 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

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## 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:   
 Salutation:  First Name:  Last 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

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3. The **Checklist Summary** must still be completed. 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
<b>Details</b> ←	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		<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

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

Foodservice Management Company Contract    Pending Approval SAJston

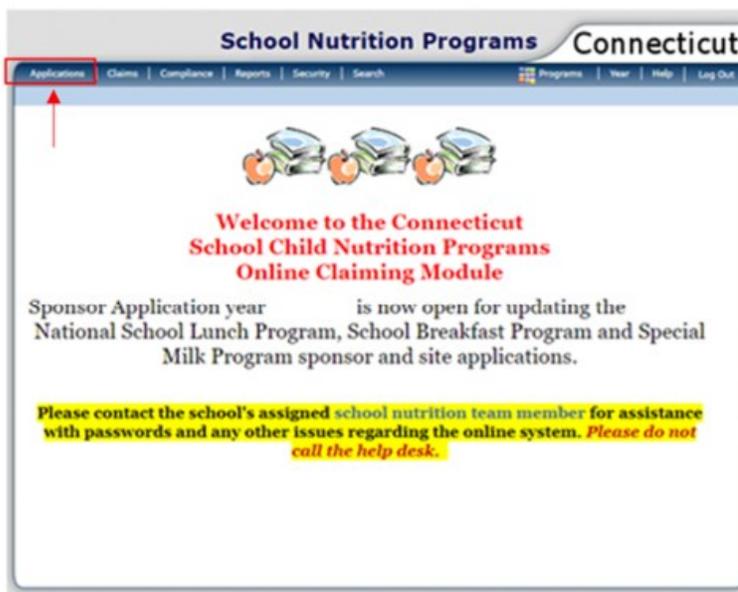
Action	Checklist Item	Comment	Attachment Date/Time
View   Modify	Foodservice Management Company Contract	FSMC Contract SY	

The Checklist has been saved.

## 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 <input type="text"/> 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		<input type="text"/>	<input type="text"/> Reason: <input type="text"/>

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

6. Click on **Finish**.

The Food Safety Inspection has been processed.