

Updating the Sponsor Application for School Nutrition Programs

School Year 2026-27



CONNECTICUT
Education

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

June 2026

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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/document/s/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

| | |
|--|----|
| CSDE Contact Information for School Nutrition Programs Staff | ii |
| 1 — Updating Sponsor Agreement | 1 |
| 2 — Updating Site Agreements | 11 |
| 3 — Checklist Summary | 17 |
| Checklist Items | 20 |
| 4 — Submitting the Application Packet for Approval | 23 |
| 5 — Food Service Management Company | 25 |
| 6 — Food Safety Inspection Report | 27 |

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, 2026**, to ensure timely approval and claims submission.

CSDE Contact Information for School Nutrition Programs Staff

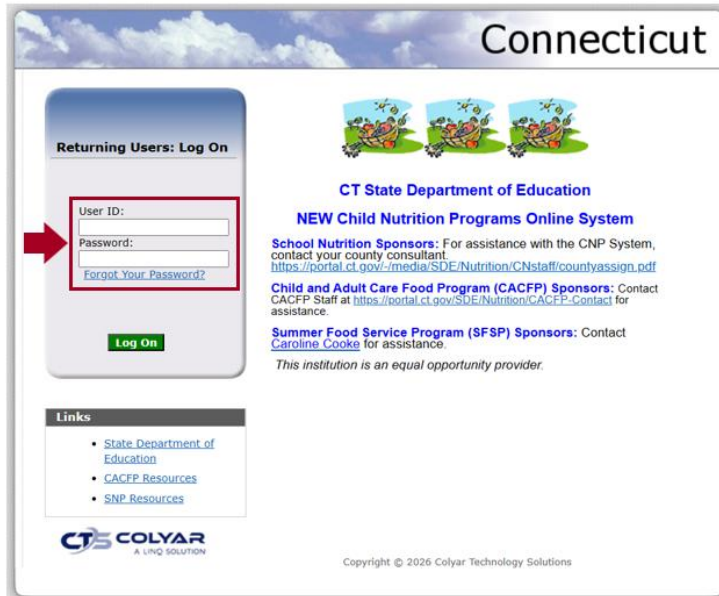
For questions regarding this information, please contact the school nutrition programs staff in the CSDE’s Bureau of Child Nutrition Programs.

| 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 |

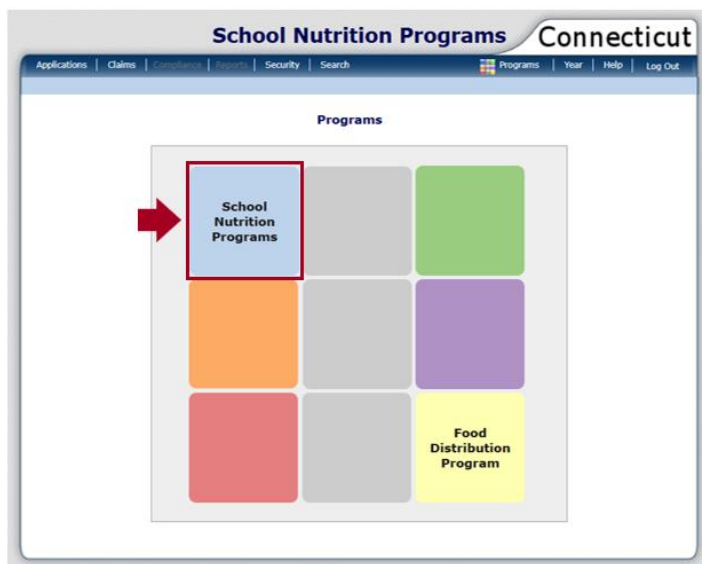
For more information, visit the CSDE’s [School Nutrition Programs](#) webpage.

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>.

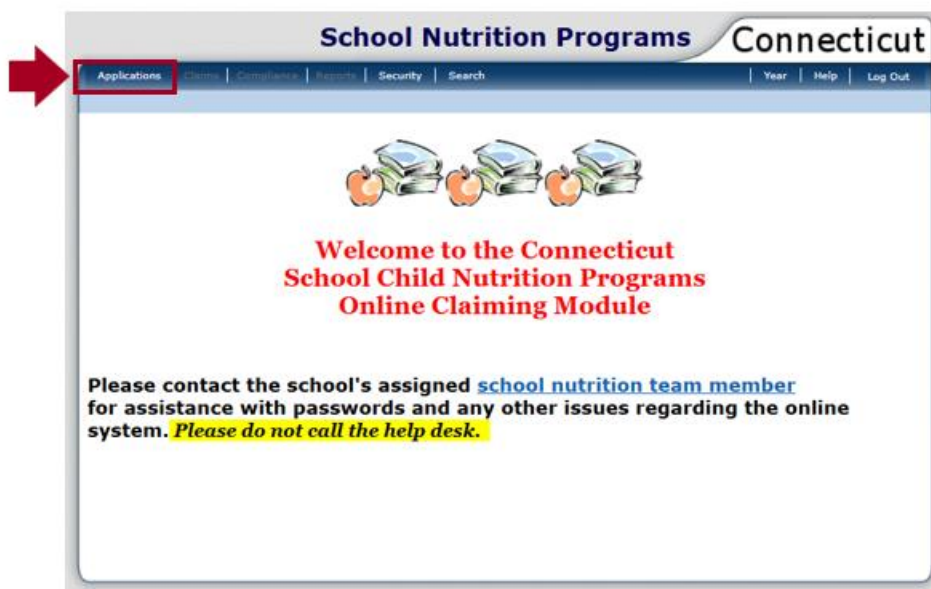


2. Log in with **User ID** and **Password**.
3. Click on **School Nutrition Programs**.

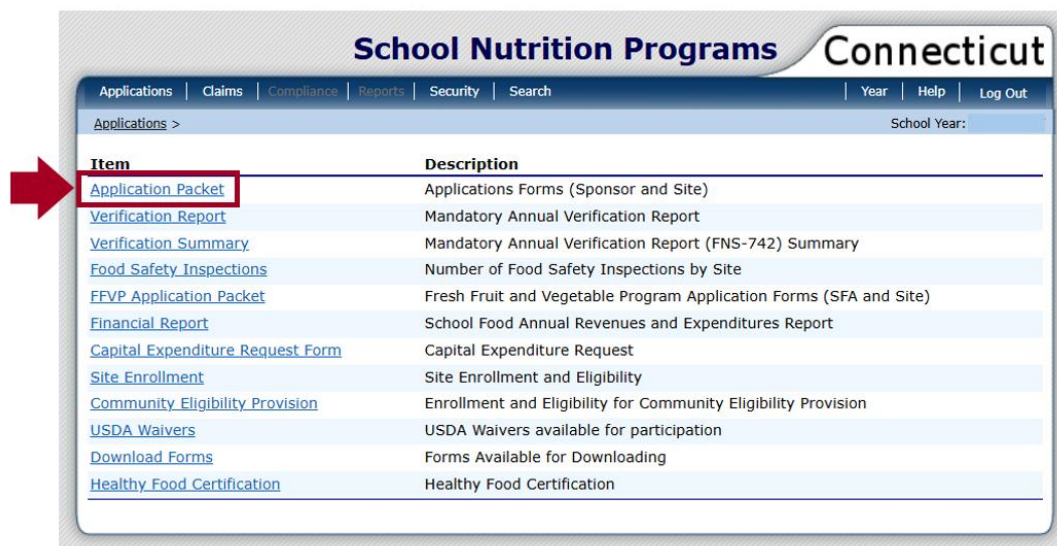


1 | Updating Sponsor Agreement

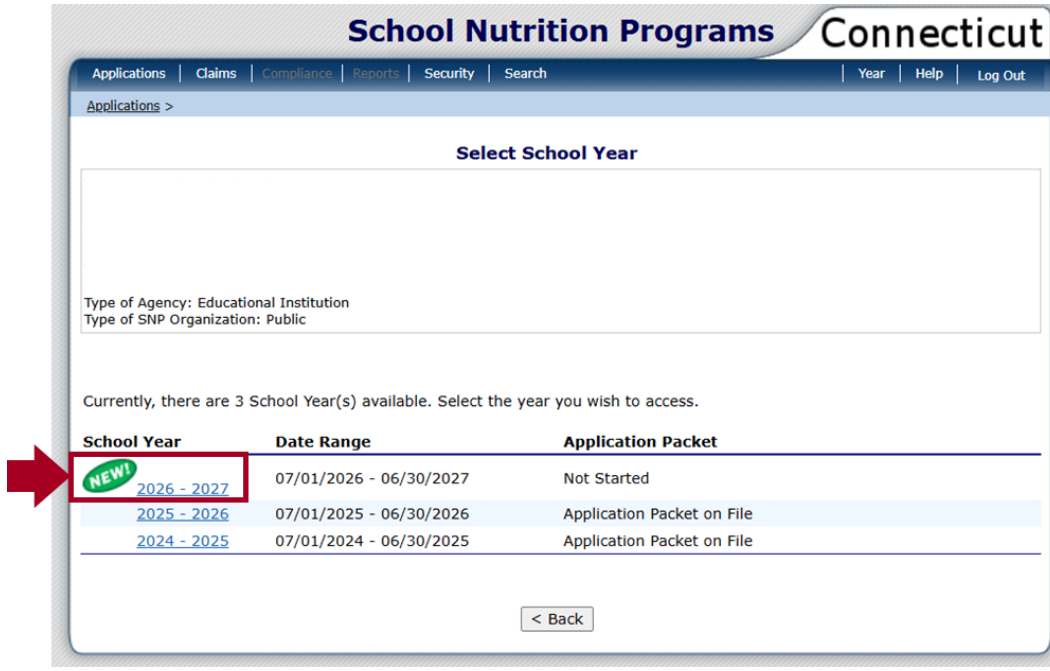
4. Click on **Applications**.



5. Click on **Application Packet**.



- Click on school year **2026-27**.



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



1 | Updating Sponsor Agreement

- The **2026-27 Application Packet** screen will appear. To the left of **Sponsor Application**, click on **Modify**.

School Nutrition Programs Connecticut

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

Applications > Application Packet > School Year: 2026 - 2027

2026 - 2027 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 | Attention | Form Name | Latest Version | Status |
|-------------------------|-----------|--|--------------------------|--------------------------|
| Modify | ➔ | Sponsor Application | Original | Pending Validation |
| | ➔ | Community Eligibility Provision (CEP) Schedule | | Site Eligibility Missing |
| Details | | Checklist Summary | | |

| Site Applications | Approved | Pending | Return for Correction | Denied | Withdrawn/Closed | Error | Total Applications |
|--|----------|---------|-----------------------|--------|------------------|-------|--------------------|
| School Nutrition Program | 0 | 7 | 0 | 0 | 0 | 0 | 7 |
| Seamless Summer Option | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

< Back Submit for Approval Withdraw Packet

[Show Packet History](#)

The **sponsor application** will open. Most of the information entered in the school year 2025-26 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:

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 2026-27. Refer to the sponsor’s school year 2025-26 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 2025-26, 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?

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:

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 |
| <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:

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.




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

**SNP Sponsor Application
For School Year:**

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

The Application has been saved.



2 — Updating Site Agreements

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

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

Packet Assigned To: unassigned

| Action | Attention | Form Name | Latest Version | Status |
|---|-----------|-----------------------------------|--------------------------|--------------------|
| View Modify Admin | | Sponsor Application | Original | Not Submitted |
| Details | | Meal Pattern Compliance Dashboard | | Pending Validation |
| Details | ➔ | Checklist Summary (12) | | |
| Details | | Application Packet Notes | | |

| Site Applications | Approved | Pending | Return for Correction | Denied | Withdrawn/ Closed | Error | Total Applications |
|--|----------|---------|-----------------------|--------|-------------------|-------|--------------------|
| School Nutrition Program | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Seamless Summer Option | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

| Action | Site ID / Site Name | NSLP | SBP | ASCP | SMP | FFVP | Version/ Status |
|---|---------------------|---------------|-----|------|-----|------|-------------------------------|
| | | Totals | 1 | 1 | 0 | 0 | |
| View Modify | 01 School | 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 2025-26 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.

Note: If the sponsor is adding a new site or program for school year 26-27, please consult with the sponsor’s CSDE school nutrition team member. 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)

| | | | |
|-------------------------------------|----------------------------------|--------|--------------|
| <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

| | | | |
|----------|----------------------|----------------------|----------------------|
| | Salutation | First Name | Last Name |
| 1. 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.

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 multiplied by days in the month

B = Total absences for the month

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

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

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 | 4.25 | 0.40 | 6.00 |
| School Breakfast Program (SBP) | Pricing | 2.50 | 0.30 | 4.00 |
| Afterschool Snack Program (ASP) | | | | |

- **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 may choose 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) | | | | |

- **Sites that have waived the reduced price for NSLP and are offering all meals at no cost for SBP** must select “Pricing – Reduced Charge Waived” for the NSLP and “Non-Pricing – Universal Free” for the 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) | Pricing - Reduced Charge Waived | 4.25 | 0.40 | 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.

Note: For **A5 How Many Points of Service**, include the number of classrooms that serve and count meals outside of the cafeteria.

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

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 |
|---|---------------------|---------------|-----|------|-----|------|-------------------------------|
| | | Totals | 5 | 5 | 0 | 0 | 0 |
| View Modify | 01 School | X | X | | | | Original / Not Submitted |
|  View <input type="button" value=" Modify"/> | 03 School | X | X | | | | Original / Pending Validation |
| View Modify | 51 School | 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**.


[Packet Assigned To: unassigned](#)

| Action | Attention | Form Name | Latest Version | Status |
|---|-----------|--|--------------------------|--------------------|
| View Modify Admin | | Sponsor Application | Original | Not Submitted |
| Details | | Meal Pattern Compliance Dashboard | | Pending Validation |
|  Details | |  Checklist Summary (12) | | |
| Details | | Application Packet Notes | | |

- 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 | 12 | 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**.

| Required Forms/Documents to send to CNP |  Document Submitted to CNP | Date Submitted to CNP | Document on File w/ CNP | Status | Status Date |
|---|---|---|--------------------------|------------------|-------------|
| Policy Statement (SIGNED) |  <input checked="" type="checkbox"/> | <input type="text" value="/27/2026"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Meal Application and Data Management Process |  <input checked="" type="checkbox"/> | <input type="text" value="05/27/2026"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Site Information on Money Collection System and Point - of Service Meal Counting System |  <input checked="" type="checkbox"/> | <input type="text" value="05/27/2026"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Public Media Release |  <input checked="" type="checkbox"/> | <input type="text" value="05/27/2026"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Application for Free and Reduced-price School Meals or Free Milk |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Parent/Guardian Letter: Frequently Asked Questions (FAQs) (Meals or Milk) |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Parent/Guardian Notification Letter (approving or denying meals or milk benefits) |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Parent/Guardian Notification Letter of Direct Certification - Version 1 |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Parent/Guardian Notification Letter of Direct Certification - Version 2 |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Notice of Selection for Verification of Eligibility |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| Letter of Verification Results and Adverse Action for Income Households |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |
| SNP Upload |  <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval | 05/27/2026 |

| Action | Checklist Item | Comment | Attachment D: |
|--------------------------|----------------|---------|---------------|
| 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 "[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 form, [Site Information on Money Collection and Point-of-service Meal Count Systems for the School Nutrition Programs](#).
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

- 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 | Attention | Form Name | Latest Version | Status |
|---|-----------|-----------------------------------|--------------------------|--------------------|
| View Modify Details | | Sponsor Application | Original | Not Submitted |
| Details | | Meal Pattern Compliance Dashboard | | Pending Validation |
| Details | | → Checklist Summary (12) | | |
| Details | | Application Packet Notes | | |

| Site Applications | Approved | Pending | Return for Correction | Denied | Withdrawn/ Closed | Error | Total Applications |
|--|----------|---------|-----------------------|--------|----------------------|-------|--------------------|
| School Nutrition Program | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Seamless Summer Option | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



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.

| Packet Assigned To: unassigned | | | | | | | |
|--|-----------|-----------------------------------|--------------------------|--------------------|--|--|--|
| Action | Attention | Form Name | Latest Version | Status | | | |
| View Modify | ➔ | Sponsor Application | Original | Submitted | | | |
| Details | | Meal Pattern Compliance Dashboard | | Pending Validation | | | |
| Details | ➔ | Checklist Summary (12) | | | | | |
| Details | | Application Packet Notes | | | | | |

| Site Applications | Approved | Pending | Return for Correction | Denied | Withdrawn/ Closed | Error | Total Applications |
|--|----------|---------|-----------------------|--------|-------------------|-------|--------------------|
| School Nutrition Program | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Seamless Summer Option | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5 — Food Service Management Company

1. If the school nutrition program is 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 and no updates are needed for this section of the Sponsor Application.

| Action | Attention | Form Name | Latest Version | Status |
|---|-----------|--|--------------------------|--------------------|
| View Modify | | Sponsor Application | Original | Pending Validation |
| Details | | ✔ FSMC Contract List | | 1 Contract |

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

Packet Assigned To: unassigned

| Action | Attention | Form Name | Latest Version | Status |
|---|-----------|-----------------------------------|--------------------------|--------------------|
| View Modify Admin | | Sponsor Application | Original | Not Submitted |
| Details | ✓ | FSMC Contract List | | 1 Contract |
| Details | | Meal Pattern Compliance Dashboard | | Pending Validation |
| Details | ➔ | Checklist Summary (13) | | |
| Details | | Application Packet Notes | | |

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**.
Note: Do not upload any documents. Required documents are included as part of the FSMC module or have been submitted to the CSDE via email.

| | | | | | |
|---------------------------------|--|-------------------------------------|----------------------|--------------------------|------------------|
| SNP Upload | | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval |
| FSMC Contract Renewal Amendment | | <input checked="" type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval |

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

| | | | | | |
|---------------------------------|--|-------------------------------------|----------------------|--------------------------|------------------|
| FSMC Contract Renewal Amendment | | <input checked="" type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | Pending Approval |
|---------------------------------|--|-------------------------------------|----------------------|--------------------------|------------------|

| Action | Checklist Item | Comment |
|--------------------------|----------------|---------|
| There are no attachments | | |

➔ **Save** Cancel

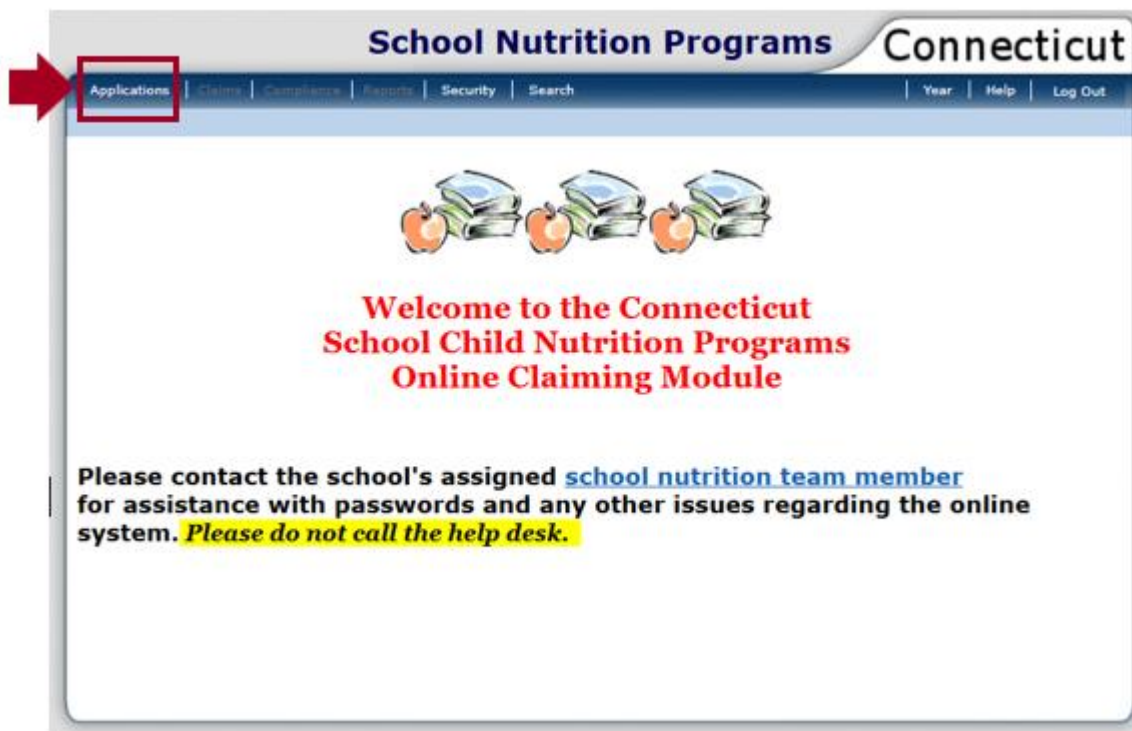
The Checklist has been saved.

➔ < Edit **Finish**

6 — Food Safety Inspection Report

Enter the number of food safety inspections at each site for school year 2025-26.

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**.

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 Year, Help, and Log Out. Below the menu, there is a section titled 'Applications >' with a 'School Year:' dropdown menu. The main content area is a table with two columns: 'Item' and 'Description'. The 'Food Safety Inspections' link in the 'Item' column is highlighted with a red box, and a red arrow points 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 |
| Capital Expenditure Request Form | Capital Expenditure Request |
| 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 |

4. Click on **Modify** for School Year 2025-26.




| Action | School Year | Received Date | Status |
|--|-------------|---------------|-------------|
|  Modify | 2025 - 2026 | | Not Started |

For each site, enter in the number of **Food Safety Inspections** for school year 2025-26. If the sponsor selects **None** or **One**, also indicate **why** from the drop-down box. If the reason **why** is not listed, the sponsor may select **Other** and will be able to enter the reason in the **Reason** box.

Instructions

Food Safety Inspections for School Year (SY) 2025 - 2026

Indicate the number of Food Safety Inspections conducted at each listed site between July 1, 2025 and June 30, 2026. If you did not select "Two" or "Three or more" in item 1a, you MUST also indicate WHY you did not meet the regulation by selecting one of the options in item 1b. If you select "Other", enter the reason in the space provided.

| Site ID | Site Name and Address | 1. Safety Inspections performed in 2025 - 2026. 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). |
| 01 | School  | <input type="text"/> | <input type="text"/>  Reason: <input type="text"/>  |

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

Instructions

Food Safety Inspections for School Year (SY) 2025 - 2026

Indicate the number of Food Safety Inspections conducted at each listed site between July 1, 2025 and June 30, 2026. If you did not select "Two" or "Three or more" in item 1a, you MUST also indicate WHY you did not meet the regulation by selecting one of the options in item 1b. If you select "Other", enter the reason in the space provided.

| Site ID | Site Name and Address | 1. Safety Inspections performed in 2025 - 2026. 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). |
| 01 | School | Two | Reason: |



6. Click on **Finish**.

The Food Safety Inspection has been processed.

