



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Sponsors of the National School Lunch, School Breakfast and Special Milk Programs

FROM: John Frassinelli, Chief 
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: August 29, 2016

SUBJECT: Operational Memorandum No. 9-16

- I. Policy Statement and Online Sponsor Agreement School Year (SY) 2016-17
- II. Overview of Available Free and Reduced-price Application Materials
- III. Information for the Implementation of Free/Reduced-price Meals and Free Milk Benefits for SY 2016-17
- IV. Income Eligibility Guidelines (IEG) for July 1, 2016 - June 30, 2017

IMPORTANT: Old free and reduced-price application forms and letters (dated prior to June 2016) cannot be used for SY 2016-17. They must be discarded.

I. Policy Statement

All sponsors with a permanent agreement on file to operate the United States Department of Agriculture (USDA) National School Lunch Program, School Breakfast Program, and Special Milk Program are required to have a Policy Statement on file with the Connecticut State Department of Education (CSDE). The Policy Statement outlines the methods and procedures the district will use to implement free and reduced-price meals and milk. Effective SY 2016-17, sponsors will upload the signed Policy Statement and all applicable documents to the [Child Nutrition Programs \(CNP\) Online System](#) in the SY 2016-17 online sponsor application.

For instructions on updating the SY 2016-17 Sponsor Agreement, please see the attached CSDE's guide, [Updating the School Year 2016-17 Sponsor Agreement for School Nutrition Programs](#). The CSDE strongly encourages all sponsors to complete their online agreement by **September 15, 2016**, to ensure timely approval and claims submission.

The following sponsor specific documents must be uploaded to the CNP online system in the SY 2016-17 online sponsor application:

1. [Policy Statement](#) (*must be signed*).
2. [Public Media Release](#).
3. [Site Information on Money Collection and Point-of-Service \(POS\) Meal Count Systems](#). (*New*)
4. [Meal Application and Data Management Process](#). (*New*)
5. [Application for Free and Reduced-price School Meals or Free Milk](#).

6. [Parent/Guardian Letter: Frequently Asked Questions \(FAQs\) About Free and Reduced-price School Meals](#), and/or [Sample Parent/Guardian Letter: Frequently Asked Questions \(FAQs\) About Free School Milk](#).
7. [Parent/Guardian Notification Letter](#) (*approving or denying meals or milk benefits*).
8. [Parent/Guardian Notification Letter for Direct Certification](#) (Version 1).
9. [Parent/Guardian Notification letter for Direct Certification](#) (Version 2).
10. [Letter to Household of Notification of Selection for Verification of Eligibility](#).
11. [Letter of Verification Results and Adverse Action for Income Households](#).

II. Overview of Available Free and Reduced-price Application Materials

The updated forms to implement benefits for free and reduced-price meals, afterschool snack, and milk are available on the CSDE's [Forms for School Nutrition Programs](#) Web page. Most materials are available in both PDF and Word formats. Please read this information carefully and share with appropriate personnel.

School districts are encouraged to use foreign language free and reduced-price materials when necessary. The USDA provides samples of [foreign language materials](#).

Important Reminders

1. School districts **cannot request that households complete separate family applications for each school**. Districts must use the USDA's most recent [Eligibility Manual for School Meals](#) when processing applications and conducting verification.
2. Since foster children are considered categorically eligible, a separate household application is not required. There are several ways that schools can determine a foster child as being eligible for free meals:
 - a. the determining official (the person who approves the free and reduced price meal application) receives from the foster parent a copy of the legal document or legal court order showing that the child is a foster child;
 - b. the determining official requests and receives a copy of the Department of Children and Family Services 603 form for SY 2016-17 from the board of education or school's main office indicating that the child is a foster child; or
 - c. the foster parent completes a free and reduced price meal application, and checks off that the child is a foster child and lists the child's personal use income, if applicable. A foster child is categorically eligible for free meals and may be included as a member of the foster family if the foster family also chooses to apply for benefits. If the foster family is not eligible for free or reduced-price meal benefits, this does not prevent a foster child from receiving free meal benefits. *Note:* A foster child's free eligibility does **not** automatically extend to all children who are members

of a household. For more information regarding foster children, refer to the USDA's *Eligibility Manual for School Meals*.

3. Households must be informed on the free and reduced-price meal application that participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) may be eligible for free or reduced-price meals.
4. Homeless and runaway youth are categorically eligible for free meals, however, their free status does not extend to other children who are members of the household.
5. Privatized military housing allowance is excluded from income eligibility determinations.
6. Eligibility determinations are valid for the entire school year unless it was discovered that the application was determined incorrectly or the status changes due to verification.
7. Residential child care institutions (RCCIs) must refer to these materials if day clients are served and claimed for free or reduced-price meal reimbursement.
8. The Special Milk Program (SMP) must refer to these materials if free milk is claimed and served. *Note:* The parent letter for the SMP is different from the parent letter for meals. The Media/Press Release for the SMP must only contain the *free* IEGs.
9. Direct certification must be utilized by all local educational agencies (LEAs). The district's direct certification contact person for each LEA is required to access a [Direct Certification Web Application](#) page that provides a list of students enrolled in the district that are directly certified. As a reminder, if a child's name appears in the database *and* the parent/guardian submits a free and reduced-price meal application for this child, direct certification takes precedence over the application and the child should be recorded as directly certified and automatically eligible for free meals. All school food authorities (SFAs) are required to notify parents/guardians of their child's direct certification and automatic eligibility for free meals/milk.
10. The instruction page and parent notification letter must accompany the application form.
11. If a child is determined to be eligible for free meals because the child is a member of a household receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Family Assistance (TFA) benefits, free eligibility is extended to all children who are members of that household.

12. If a household handwrites a SNAP or TFA number on the application, the number must be confirmed by the determining official before approving the application. This can be done by checking the direct certification list. If the child cannot be confirmed based on the direct certification list, the determining official must contact the adult signer for proof of a SNAP or TFA case number.

IMPORTANT: Refer to *Procedures for Processing Free and Reduced-price Meal Applications Providing a SNAP/TFA Number* for more information.

III. Information for the Implementation of Free/Reduced-price Meals and Free Milk Benefits for SY 2016-17

1. *Sample Parent/Guardian Letter to Households – School Meals and Snacks*
A parent letter must be completed with the school district’s specific program information. Make enough copies to provide one copy for each household.
2. *Sample Parent/Guardian Letter to Households – Special Milk Program*
The SMP sample letter is appropriate if the sponsor:
 - a. operates only a SMP with a free milk option; or
 - b. operates a SMP with a free milk option in split-day session kindergarten.
3. *Sample Application and Instructions for Free or Reduced-price Meals or Free Milk Family/Household Application*
Many households have different sources of income at different frequencies, such as weekly, bi-weekly wages and/or monthly. The procedures below must be followed (refer to the USDA’s *Eligibility Manual for School Meals* for more information):
 - a. if a household has only one income source, or if all sources are the same frequency, do not use conversion factors. Compare the income or sum of the incomes to the published in the Income Eligibility Guidelines (IEG) for the appropriate frequency and household size to make the eligibility determination; or
 - b. if a household reports income sources at more than one frequency, the preferred method is to annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24, and income received monthly by 12.

Note: Do not round the values resulting from each conversion. Total all unrounded converted values, and compare the unrounded total to the published IEG for annual income for the appropriate household size.

4. *Addenda A, B and C*

Included with these application samples on the CSDE's [Forms for School Nutrition Programs](#) Web page are three additional addenda to the application for free or reduced-price meals or free milk benefits, including Addendum A, Addendum B and Addendum C. These addenda are included because schools increasingly use income eligibility data to offer other benefits to students. *Note:* USDA regulations require that school districts must have parents/guardians' written permission to release certain information. If a school district wishes to offer additional benefits to students, attach the addenda to the free and reduced-price meal application. Exclude the "Optional wording for sponsors" on the *Parent/Guardian Letter to Households* if not using addenda A or B.

- *Addendum A – Sharing Information with Other Programs.* Use this addendum only if the school district offers additional benefits to students based on the student's income eligibility. The parent/guardian must specifically authorize (sign) to allow information to be released for each benefit. This form requires the district to list each benefit being offered, and to **specify the entity** that is offering the benefit. ***Do not distribute a blank addendum.*** Please contact the CSDE with questions.
- *Addendum B – HUSKY Insurance Plan.* In cooperation with the Department of Social Services (DSS) and the school nurse, each district is strongly encouraged to include Addendum B in the distribution mailing to parents. This form has been updated for SY 2016-17 and is now available in Spanish.
- *Addendum C – Information on the Supplemental Nutrition Assistance Program (SNAP).* Public Act No. 15-215, *An Act Concerning Various Revisions and Additions to the Education Statutes*, **requires** that all LEAs notify parents and guardians about SNAP benefits. Addendum C was developed for this purpose, and must be used by all LEAs. Refer to [Operational Memorandum 07-16](#) for further guidance.

5. *Sample Parent/Guardian Notification Letter*

SFAs are required to notify parents/guardians of children's eligibility for benefits as soon as possible upon determination. This includes households of children who were directly certified based on the direct certification list.

6. *Sample Media/Public Release*

SFAs are **required** to publicly notify their communities that benefits are being offered. SFAs are not required to pay for this notification. However, SFAs are required to develop a media/press release and document the date the information was released to the media. Additionally, SFAs must make every effort to notify the community of these benefits by utilizing other means, e.g., sending a notice to a large corporation anticipating layoffs or posting information on a community bulletin board.

IV. Income Eligibility Guidelines for July 1, 2016 - June 30, 2017

The updated guidelines are available on the CSDE's [Income Guidelines for School Nutrition Programs](#) Web page.

Questions pertaining to this memorandum may be directed to your school nutrition consultant.

Consultants for School Nutrition Programs	
County	Consultant
<ul style="list-style-type: none">• Fairfield County (Includes Regions 1, 6, 7, 12 and 14)• New London County (Lebanon, Ledyard, Lisbon, Lyme, Montville, New London and North Stonington)	Fionnuala Brown fionnuala.brown@ct.gov 860-807-2129
<ul style="list-style-type: none">• Hartford County (Includes Region 10)• New London County (Bozrah, Colchester, East Lyme, Franklin, Griswold and Groton)	Teri Dandeneau teri.dandeneau@ct.gov 860-807-2079
<ul style="list-style-type: none">• Middlesex County (Includes Regions 4, 13 and 17)• New London County (Voluntown and Waterford)• Tolland County (Includes Regions 8 and 19)• Windham County (Includes Region 11)	Susan Alston susan.alston@ct.gov 860-807-2081
<ul style="list-style-type: none">• New Haven County (Includes Regions 5, 15 and 16)• New London County (Norwich, Old Lyme, Preston, Region 18, Salem, Sprague and Stonington)	Jackie Schipke jackie.schipke@ct.gov 860-807-2123

JF:tdd

Attachment

Important: This is a numbered Connecticut State Department of Education (CSDE) operational memorandum that contains important program information. Please read carefully and retain in a binder for future reference. All CSDE operational memoranda are posted on the CSDE's [Operational Memoranda for School Nutrition Programs](#) Web page.

**UPDATING THE SCHOOL YEAR 2016-17
SPONSOR AGREEMENT
for School Nutrition Programs**



Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, CT 06457

August 2016

UPDATING THE SCHOOL YEAR 2016-17 SPONSOR AGREEMENT FOR SCHOOL NUTRITION PROGRAMS

Connecticut State Department of Education • August 2016

www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/updatecnpagree.pdf

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;*
- (2) fax: (202) 690-7442; or*
- (3) email: program.intake@usda.gov.*

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The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut State Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability (including, but not limited to, intellectual disability, past or present history of mental disorder, physical disability or learning disability), genetic information, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws. The Connecticut State Department of Education does not unlawfully discriminate in employment and licensing against qualified persons with a prior criminal conviction. Inquiries regarding the Department of Education's nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Act Coordinator, Connecticut State Department of Education, 25 Industrial Park Road, Middletown, CT 06457, 860-807-2071, Levy.Gillespie@ct.gov.

CONTENTS

CSDE Contact Information	ii
Section 1 – Updating Sponsor Agreement.....	1
Section 2 – Updating Site Agreements	9
Section 3 – Checklist Items.....	13
Checklist Items	15
Section 4 – Submitting the Application Packet for Approval.....	17
Section 5 – Food Service Management Company	19
Section 6 – Food Safety Inspection Report	25

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

CSDE CONTACT INFORMATION

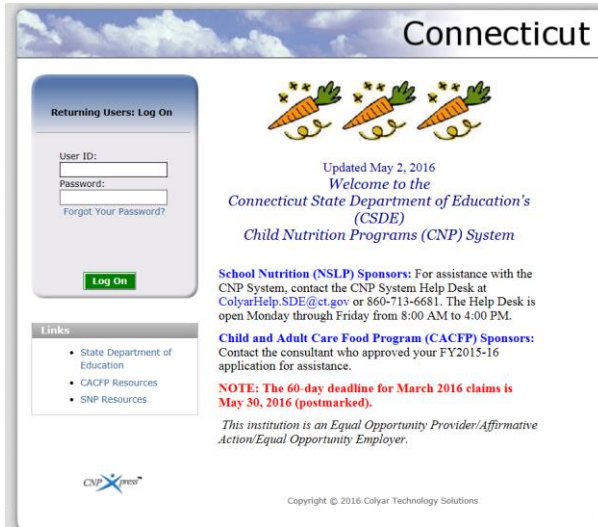
For questions regarding this information, please contact the school nutrition programs staff in the CSDE’s Bureau of Health/Nutrition, Family Services and Adult Education.

County	Consultant
<ul style="list-style-type: none"> • Fairfield County (Includes Region 9) • Litchfield County (Includes Regions 1, 6, 7, 12 and 14) • New London County (Lebanon, Ledyard, Lisbon, Montville, New London and North Stonington) 	<p>Fionnuala Brown fionnuala.brown@ct.gov 860-807-2129</p>
<ul style="list-style-type: none"> • Hartford County (Includes Region 10) • New London County (Bozrah, Colchester, East Lyme, Franklin, Griswold and Groton) 	<p>Teri Dandeneau teri.dandeneau@ct.gov 860-807-2079</p>
<ul style="list-style-type: none"> • Middlesex County (Includes Regions 4, 13 and 17) • New London County (Preston, Salem, Sprague, Stonington, Voluntown, Waterford and Waterford Country School) • Tolland County (Includes Regions 8 and 19) • Windham County (Includes Region 11) 	<p>Susan Alston susan.alston@ct.gov 860-807-2081</p>
<ul style="list-style-type: none"> • New Haven County (Includes Regions 5, 15 and 16) • New London County (Norwich, Norwich Free Academy, Integrated Day Charter School, LEARN, Region 18 and Sacred Heart School) 	<p>Jackie Schipke jackie.schipke@ct.gov 860-807-2123</p>
<p>Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education 25 Industrial Park Road Middletown, CT 06457</p>	

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

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 **Applications**.



1 | SPONSOR AGREEMENT

4. Click on **Application Packet**.

The screenshot shows the 'School Nutrition Programs Connecticut' website. The navigation bar includes 'Applications', 'Claims', 'Compliance', 'Reports', 'Security', and 'Search'. The 'Applications' menu is expanded, showing a list of items. The 'Application Packet' item is highlighted in yellow. The 'School Year: 2015 - 2016' is displayed in the top right corner.

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
Site Enrollment	Site Enrollment and Eligibility
Community Eligibility Provision	Enrollment and Eligibility for Community Eligibility Provision
Download Forms	Forms Available for Downloading

5. Click on school year **2016-2017**.

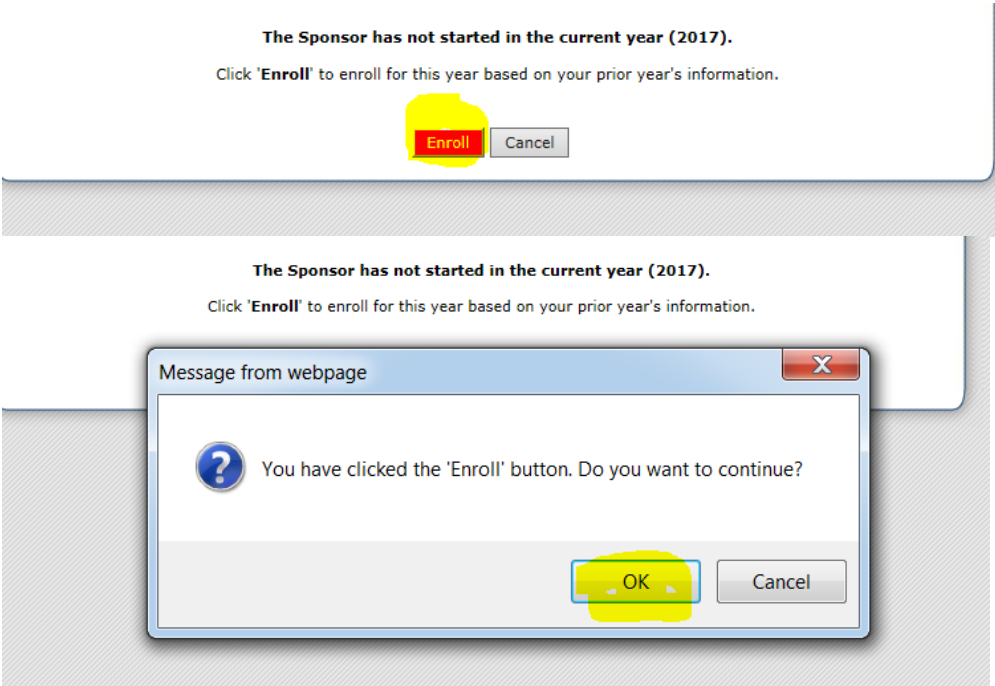
The screenshot shows the 'Select School Year' screen on the 'School Nutrition Programs Connecticut' website. The navigation bar includes 'Applications', 'Claims', 'Compliance', 'Reports', 'Security', and 'Search'. The 'Year' menu is expanded, showing a list of school years. The '2016 - 2017' year is highlighted in yellow and marked with a 'NEW!' badge. The 'Application Packet' column shows 'Not Started' for 2016-2017, 'Application Packet on File' for 2015-2016, and 'Application Packet on File' for 2014-2015. A '< Back' button is visible at the bottom.

Status: Active
Board of Education
DBA: [Redacted]
Food Service Department
Street: [Redacted]
Type of Agency: Educational Institution
Type of SNP Organization: Public

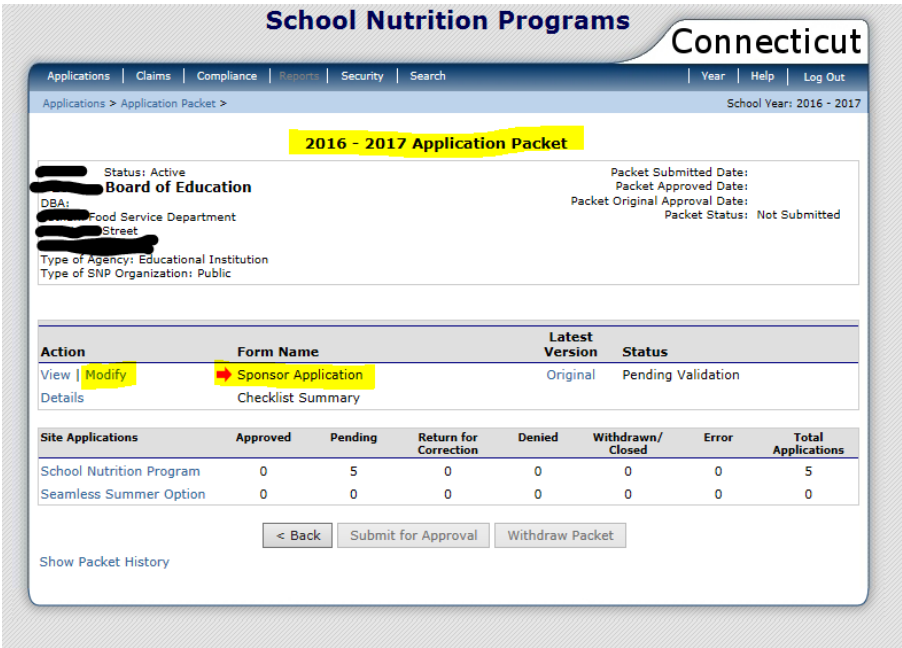
Currently, there are 3 School Year(s) available. Select the year you wish to access.

School Year	Date Range	Application Packet
NEW! 2016 - 2017	07/01/2016 - 06/30/2017	Not Started
2015 - 2016	07/01/2015 - 08/31/2016	Application Packet on File
2014 - 2015	07/01/2014 - 06/30/2015	Application Packet on File

6. Click on **Enroll**, then **OK**.



7. The **2016-2017 Application Packet** screen will appear. To the left of **Sponsor Application**, click on **Modify**.



1 | SPONSOR AGREEMENT

8. The **sponsor application** will open. Most of the information entered in the school year 2015-16 application will transfer over. **Please check all information for accuracy and make edits and updates as necessary.**

UBA:
No address on file for this year
Type of Agency: Private Non Profit Organization
Type of SNP Organization: Camp

Version: Original

School Year Dates of Operation

1. Operational Dates: Start Date: 07/01/2015 End Date: 06/30/2016

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:

- The **Hearing Official** **must** be completed.
- The **Direct Certification Contact** can be left blank if you are **not** required to use the Direct Certification List.
- The **Determining Official** can be left blank if you do **not** process free and reduced applications.
- The **Verifying Official** can be left blank if you are **not** required to conduct verification.

9. For **Verification Method** (question 42), click on the type of verification method that you intend to use during school year 2016-17. Refer to your school year 2015-16 Verification Report to determine what method should be used. If you do not collect applications and are 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, see page 83 of the USDA’s [Eligibility Manual for School Meals](#).

10. 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, see item 3 (Money Collection and POS Meal Count Systems) under “[Checklist Items](#).”

Example:

Meal Count and Collection Procedures

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

11. For **Eligibility Information** (questions 44-47), if you do not collect applications, click **NO** for all items. If you do collect applications, answer questions 44-47 accordingly. For question 48, if any of your sites are participating in the Community Eligibility Provision (CEP), click **YES**. If none of your 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

1 | SPONSOR AGREEMENT

12. Questions 49-51 are only for **residential child care institutions** (RCCIs). If you are not an RCCI, nothing can be clicked. If you are 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:

13. For **Food Service Management Company** (question 52) click **YES** or **NO**. If you clicked **YES**, complete the **Sponsor Contact for FSMC Contract**. This person is the individual who is responsible for operating the school nutrition programs on site (not the regional representative). For more information, see 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:

14. For **Vended Meals**, answer questions 57-60 as applicable. *All contracts/interschool agreements will be submitted/uploaded into the CNP System.* For more information, see item 13 (Vended Meals Contract) under “[Checklist Items.](#)”

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):

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

Certification

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

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

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

Created By: AReview on: 6/30/2016 1:37:48 PM

1 | SPONSOR AGREEMENT

16. Click on **Finish**. The Sponsor Application is now complete and the Site Application section must be completed.

School Nutrition Programs Connecticut

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

Applications > Application Packet > School Year: 2016 - 2017

**SNP Sponsor Application
For School Year: 2016 - 2017**

Status: Active
Board of Education
DBA:
Food Service Department
Street
Type of Agency: Educational Institution
Type of SNP Organization: Public

The Application has been saved.

< Edit **Finish**

2 — UPDATING SITE AGREEMENTS

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

Action	Form Name	Latest Version	Status
View Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Checklist Summary (1)		

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

[Show Packet History](#)

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

Action	Site ID / Site Name	Totals	NSLP	SBP	ASCP	SMP	FFVP	Version/Status
View Modify	03 [REDACTED] Elementary School		X	X	X			Original / Pending Validation
View Modify	51 [REDACTED] Elementary School		X	X				Original / Pending

2 | SITE AGREEMENTS

- The **SNP Site Application** screen will appear for the school that was selected. Most of the information entered in the school year 2015-16 application will transfer over. **Please check all information for accuracy and make edits and updates as necessary.**

The screenshot shows the 'School Nutrition Programs Connecticut' website interface. The main heading is 'SNP Site Application For School Year: 2016 - 2017'. Below this, there are two columns of information. The left column includes: Status: Active, Board of Education, DBA: [redacted], Food Service Department, Type of Agency: Educational Institution, and Type of SNP Organization: Public. The right column includes: 03, Status: Active, and [redacted] ELEMENTARY SCHOOL. A 'Version: Original' label is present. The 'Program Information' section is expanded, showing a 'Participating Program(s)' list with four options: 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, and D. Special Milk Program (SMP) CFDA #10.556. The first three are checked. Below this is the 'Site Contact' section with fields for Name (Salutation, First Name, Last Name), Email Address, Phone (Ext., Fax), and Title.

- Review the selected **Program Information**. Make updates as necessary. If you are adding a program, please **consult with your county technical support person** as additional information may need to be submitted before the site can be approved (see "[CSDE Contact Information](#)").

This is a close-up of the 'Program Information' section from the previous screenshot. It shows the 'Participating Program(s)' list with the same four options: 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, and D. Special Milk Program (SMP) CFDA #10.556. The first three are checked. A 'Modify Program Selection' button is visible to the right.

- 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.

Participation Information

9. Lunches claimed for School Year (2014 - 2015) - Federal Severe Need Breakfast Reimbursement Rate Determination

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %	Qualify for Federal Severe Need Breakfast Reimb. Rate
46,599	7,525	21,145	75,269	71.90%	Yes

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. Attendance Factor:

12. 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:

$$\frac{A-B}{A} \text{ } \left. \vphantom{\frac{A-B}{A}} \right\} \text{ AF Formula}$$

A = Enrollment x days in the month

B = Total absences for the month

2 | SITE AGREEMENTS

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

Section A - National School Lunch Program (NSLP)

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

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

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

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

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

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

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

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

A5. How many Points of Service?

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

Certification

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

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

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

Created By: AReview on: 5/2/2016 3:19:02 PM Modified By: AReview on: 5/2/2016 3:19:02 PM

9. Click on **Finish**. The site application is now complete. You are directed back to the **Site List**. Repeat steps 2-9 for each site.

The Site Application has been saved.

3 — CHECKLIST ITEMS

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: Susan Alston

Action	Form Name	Latest Version	Status
View Modify Admin	Sponsor Application	Original	Not Submitted
Details	Meal Pattern Compliance Dashboard		Pending Validation
Details	➔ Checklist Summary (14)		
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

[Show Packet History](#)

2. Click on **Sponsor Information**.

SNP Checklist Summary







Status: Active
School Lunch
 DBA: [REDACTED]
 [REDACTED] CT [REDACTED]
 Type of Agency: Educational Institution
 Type of SNP Organization: Public

Sponsor	Total Items	Submitted Items	Approved Items
[REDACTED] School Lunch	13	0	0



School Nutrition Programs Sites	Total Items	Submitted Items	Approved Items
[REDACTED] School	0	0	0

3 | CHECKLIST ITEMS

3. The SNP Checklist will list the items that need to be attached to the application. Click on the **blue paperclip** to attach the requested items. 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
* Meal Counting and Claims Procedures	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Policy Statement (SIGNED)	 <input checked="" type="checkbox"/>	<input type="text" value="08/12/2016"/>	<input type="checkbox"/>
Meal Application and Data Management Process	 <input checked="" type="checkbox"/>	<input type="text" value="08/12/2016"/>	<input type="checkbox"/>
Site Information on Money Collection System and Point -of Service Meal Counting System	 <input checked="" type="checkbox"/>	<input type="text" value="08/12/2016"/>	<input type="checkbox"/>
Public Media Release	 <input checked="" type="checkbox"/>	<input type="text" value="08/12/2016"/>	<input type="checkbox"/>
* Application for Free and Reduced-price School Meals or Free Milk	 <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	Policy Statement (SIGNED)		8/12/2016 1:06:33 PM
View Modify	Meal Application and Data Management Process		8/12/2016 1:06:50 PM
View Modify	Site Information on Money Collection System and Point -of Service Meal Counting System		8/12/2016 1:07:10 PM
View Modify	Public Media Release		8/12/2016 1:07:30 PM

Checklist Items

1. **Policy Statement:** Attach the school food authority's (SFA) completed and signed policy statement.
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/policystatement.pdf (PDF)
2. **Meal Application and Data Management Process:** Attach the SFA's completed *Meal Application and Data Management Process* form.
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/mealcount/mealappdata.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/mealcount/mealappdata.doc (Word)
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.
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/mealcount/sfadata.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/mealcount/sfadata.doc (Word)
4. **Public Media Release:** Attach the SFA's public media release for school year 2016-17.
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/publicrelease.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/publicrelease.doc (Word)
5. **Application for Free and Reduced-price School Meals or Free Milk:** If applicable, attach the SFA's application distributed to households.
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/familyapp.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/familyapp.doc (Word)
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.
 - School Meals
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/parentmeals.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/parentmeals.doc (Word)
 - Milk
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/parentmilk.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/parentmilk.doc (Word)
7. **Parent/Guardian Notification Letter** (approving or denying meals or milk benefits): If applicable, attach the SFA's parent/guardian notification letter for approving or denying meals or milk benefits)
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/parentnotif.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/parentnotif.doc (Word)
8. **Parent/Guardian Notification Letter for Direct Certification (Version 1):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 1).
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/dcparentnotif1.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/dcparentnotif1.doc (Word)

3 | CHECKLIST ITEMS

9. **Parent/Guardian Notification letter for Direct Certification (Version 2):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 2):
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/dcparentnotif2.pdf
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/forms/dcparentnotif2.doc (Word)

10. **Letter to Household of Notification of Selection for Verification of Eligibility:** If applicable, attach the SFA's notice of selection for verification of eligibility.
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/verification/notifselect.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/verification/notifselect.doc (Word)

11. **Letter of Verification Results and Adverse Action for Income Households:** If applicable, attach the SFA's notice of selection for verification of eligibility.
 - www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/verification/letteraainc.pdf (PDF)
 - www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/verification/letteraainc.doc (Word)

12. **Interschool Agreement:** If applicable, attach all Interschool Agreement Forms. For more information, see the CSDE's [Forms](#) Web page.

13. **Foodservice Management Company (FSMC) Contract:** If applicable, attach the FSMC contract and or amendments. For more information on the steps for FSMCs, see [section 5](#).

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

All sample forms are available on the CSDE's [Forms for School Nutrition Programs](#) Web page.

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	✔ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

Show Packet History

2. The Application Packet has now been submitted 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	✔ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

Show Packet History

5 — FOOD SERVICE MANAGEMENT COMPANY

- If the school nutrition program is being managed by a Food Service Management Company (question 52) click **YES** and complete the **Sponsor Contact for FSMC Contract** information as part of the **Sponsor Agreement**. For information on the steps for the sponsor agreement, see [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:

- After the **Sponsor Application** has been saved, the **FSMC Contract List** will open. If you were operating with a FSMC contract during school year 2015-16, the FSMC Contract List will already be visible.

Action	Form Name	Latest Version	Status
View Modify	✓ Sponsor Application	Original	Not Submitted
Details	FSMC Contract List		No Contracts
Details	✓ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

[Show Packet History](#)

5 | FOOD SERVICE MANAGEMENT COMPANY

3. Click on **Details**.

Action	Form Name	Latest Version	Status
View Modify	✔ Sponsor Application	Original	Not Submitted
Details	FSMC Contract List		No Contracts
Details	✔ Checklist Summary (1)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

Show Packet History

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

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

[< Back](#) [Create New Contract](#)

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

Contract Information

1. Company Name: Child Nutrition Services

2. Initial Year: 2016-2017

Company Contact Information

Company Name: Child Nutrition Services

Address: 1 State Road

City, State Zip: State, CT 06457

Phone: (860) 555-1234

Email Address: state@state.gov

Additional Contract Information

3. Contract Date

Begin Date: 07/01/2016

End Date: 06/30/2017

4. Number of Optional Renewal Years: 1

1st Renewal Date: Begin Date: 7/1/2017 End Date: 6/30/2018

5. Final Year of Contract: 2018

6. Was the CNP FSMC prototype used? Yes No

7. Comments:

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

Early Termination Information

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

8. Early Termination? Yes No

9. Early Termination Date:

10. Early Termination Comments:

Cancellation of Renewal Years

11. This Food Service Management Company contract will not be renewed for the upcoming school year 2016-2017.

5 | FOOD SERVICE MANAGEMENT COMPANY

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

Action	Company Name	Initial Year	Final Year	Status
View Modify Admin	Child Nutrition Services	2016-2017	2016-2017	Pending Approval

[< Back](#)
[Create New Contract](#)

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

Action	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 (1)		
Details	Application Packet Notes		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
School Nutrition Program	0	3	0	0	0	0	3
Seamless Summer Option	0	0	0	0	0	0	0





[< Back](#)
[Submit for Approval](#)
[Approve](#)
[Return](#)
[Deny](#)
[Withdraw Packet](#)

[Show Packet History](#)

9. Click on **Sponsor** name.

Sponsor	Total Items	Submitted Items	Approved Items
Board of Education	1	0	0

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

* Letter of Verification Results and Adverse Action for SNAP or TFA		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	08/23/2016	SAIston
* Letter of Verification Results and Adverse Action for Income Households		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	08/23/2016	SAIston
* SNP Upload		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	08/23/2016	SAIston
Foodservice Management Company Contract		<input checked="" type="checkbox"/>	<input type="text" value="08/23/2016"/>	<input type="checkbox"/>	Pending Approval	08/23/2016	SAIston

11. Click on **Save** and **Finish**.

2. Comment:

Save Cancel

VIEW | **MODIFY** | DELETE

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

Applications > Application Packet >

Checklist File Upload Detail

The Checklist File Upload Detail has been processed.

[< Edit](#) **Finish**

6 — FOOD SAFETY INSPECTION REPORT

To enter the number of food safety inspections at each site for school year 2015-16:

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**.

Action	School Year	Received Date	Status
Modify	2015 - 2016		Not Started
View	2014 - 2015	10/07/2015	Submitted

6 | FOOD SAFETY INSPECTION REPORT

5. For each site, enter in the number of **Food Safety Inspections** for school year 2015-16. 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 2014 - 2015. 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).
03	██████████ Elementary School ██████████ Street ██████████	Three or More ▼	Reason: ██████████ ██████████

6. After all of 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
1 +	0 +	0 +	0 =	1	0 +	0 +	0 +	1 =	1
Created By: AReview on: 10/7/2015 9:27:31 AM					Modified By: AReview on: 10/7/2015 9:27:32 AM				
Save					Cancel				

7. Click on **Finish**.

The Food Safety Inspection has been processed.



CONNECTICUT STATE
DEPARTMENT OF EDUCATION