Updating the School Year 2019-20

Sponsor Agreement

for School Nutrition Programs

Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
Child Nutrition Programs
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841

Revised June 2019

Updating the School Year 2019-20
Sponsor Agreement for School Nutrition Programs

Connecticut State Department of Education ● Revised June 2019

https://portal.ct.gov/-/media/SDE/Nutrition/CNPsystem/UpdateCNPagreement.pdf

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(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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Contents

This guide applies only to sponsors of the National School Lunch Program (NSLP) (including the Afterschool Snack Program (ASP)), School Breakfast Program (SBP), and Special Milk Program (SMP). All sponsors must submit their agreement for Child Nutrition Programs online, using the Connecticut State Department of Education's (CSDE) Online Application and Claiming System for Child Nutrition Programs (CNP System). The sponsor's online application must be approved by the CSDE before sponsors can submit any reimbursement claims for the current school year. The CSDE strongly encourages all sponsors to complete their online agreement by **September 13, 2019**, 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
• Fairfield County (Includes Region 9) • Litchfield County (Includes Regions 1, 6, 7, 12, and 14)	Fionnuala Brown fionnuala.brown@ct.gov 860-807-2129
• Hartford County (Includes Region 10) • Middlesex County (Includes Regions 4, 13, and 17)	Teri Dandeneau teri.dandeneau@ct.gov 860-807-2079
• New Haven County (Includes Regions5, 15, and 16)	Jackie Schipke jackie.schipke@ct.gov 860-807-2123
• New London County • Tolland County (Includes Regions 8 and 19) • Windham County (Includes Region 11) **OTHER AREAS:** Claims processing	Susan Alston susan.alston@ct.gov 860-807-2081
• **ALL COUNTIES:** Special Milk Program (SMP)	Terese Maineri terese.maineri@ct.gov 860-807-2145
Connecticut State Department of Education Bureau of Health/Nutrition, Family Services and Adult Education 450 Columbus Boulevard, Suite 504 Hartford, CT 06103-1854	

For more information, visit the CSDE's School Nutrition Programs webpage.

1 — Updating Sponsor Agreement

1. Access the Connecticut State Department of Education's (CSDE) Online Application and Claiming System for Child Nutrition Programs (CNP System) at **https://ct.cnpus.com/prod/Splash.aspx**.

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

3. Click on **Applications**.

4. Click on **Application Packet**.

5. Click on school year **2019-20**.

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

The Sponsor has not started in the current year (2019).

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

Enroll   Cancel

The Sponsor has not started in the current year (2019).

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

Message from webpage   ✕

? You have clicked the 'Enroll' button. Do you want to continue?

OK ▶   Cancel

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6. The **2019-20 Application Packet** screen will appear. To the left of **Sponsor Application**, click on **Modify**.

School Nutrition Programs   **Connecticut**

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

Applications > Application Packet >   School Year: 2019 - 2020

2019 - 2020 Application Packet

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

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

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

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	5	0	0	0	0	5
Seamless Summer Option	0	0	0	0	0	0	0

< Back   Submit for Approval   Withdraw Packet

Show Packet History

7. The **sponsor application** will open. Most of the information entered in the school year 2018-19 application will transfer over.

8. 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 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 2019-20. Refer to your school year 2018-19 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."

   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

		Yes	No
44.	Does your organization use the USDA/State prototype household application?	○ Yes	○ No
45.	Does your organization use scanned applications?	○ Yes	● No
46.	Does your organization use online applications?	○ Yes	● No
47.	Are you using a computerized system for processing free and reduced applications?	● Yes	○ No
	If Yes, what is the name of your computerized system?	QSP by Rediker Software	
48.	Will any of your sites be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program?	○ Yes	● No

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 Food Service Director's direct company manager (Area Manager or District Manager). For more information, see the steps for food service management companies in section5.

Food Service Management Company (FSMC)

52. Will the school nutrition program be managed by a Food Service Management Company (FSMC)?   ○ Yes   ◉ No

Sponsor Contact for FSMC Contract

	Salutation	First Name	Last Name
53. Name:	⌄		

54. Email Address:

55. Phone: [   ] Ext: [   ] Fax: [   ]

56. Title:

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."

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 Stat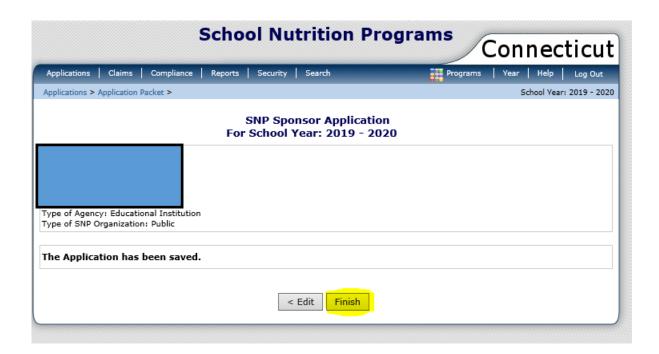e any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state 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: 5/31/2018 1:36:51 PM   Modified By: AReview on: 6/18/2018 4:06:50 PM

Save   Cancel

School Nutrition Programs

Connecticut

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

Applications > Application Packet >   School Year: 2019 - 2020

SNP Sponsor Application
For School Year: 2019 - 2020

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

The Application has been saved.

< Edit   Finish
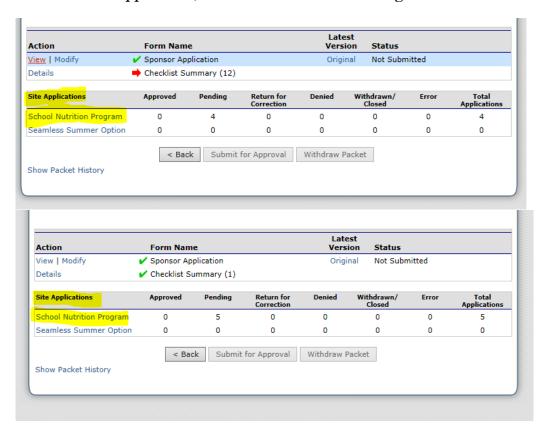
2 — Updating Site Agreements

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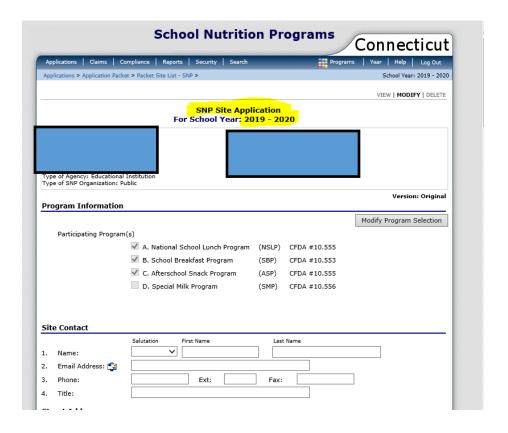

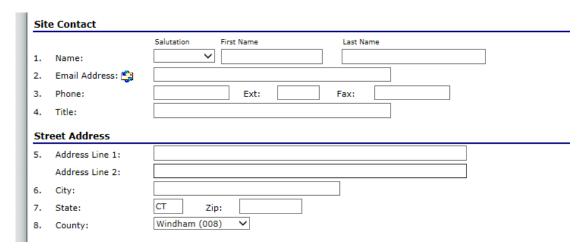2. Click on **Modify** to the left of the **Site Name**.

3. The **SNP Site Application** screen will appear for the school that was selected. Most of the information entered in the school year 2018-19 application will transfer over. **Please check all information for accuracy and make edits and updates as necessary.** 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").
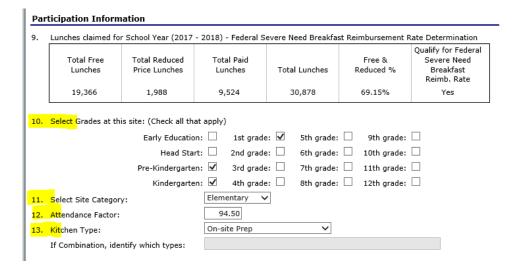
4. Update the **Site Contact** information as applicable. Review the **Street Address** and update as necessary.

Site Contact

		Salutation	First Name	Last Name
1.	Name:			
2.	Email Address:			
3.	Phone:		Ext:	Fax:
4.	Title:			

Street Address

5.	Address Line 1:	
	Address Line 2:	
6.	City:	
7.	State:	CT Zip:
8.	County:	Windham (008)

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

Participation Information

9. Lunches claimed for School Year (2017 - 2018) - 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
19,366	1,988	9,524	30,878	69.15%	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. Select Site Category: Elementary

12. Attendance Factor: 94.50

13. Kitchen Type: On-site Prep

If Combination, identify which types:

- **Note:** 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:
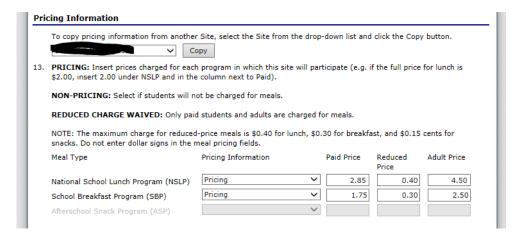
$$\frac{A-B}{A} \Big\}$$ AF Formula

A = **Enrollment** x **days** in the month

B = Total **absences** for the month

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

Pricing Information

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

[_____] ⌄ [Copy]

13. **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 ⌄	2.85	0.40	4.50
School Breakfast Program (SBP)	Pricing ⌄	1.75	0.30	2.50
Afterschool Snack Program (ASP)	⌄			

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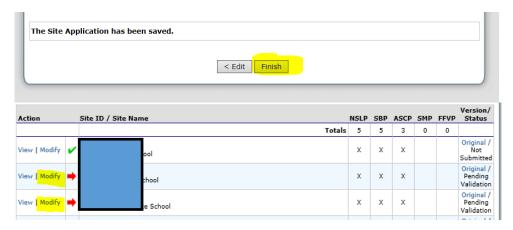 C** – Afterschool Snack Program (if applicable), and **Section D** – Special Milk Program (if applicable). Review program information and update as necessary.

Section A - National School Lunch Program (NSLP)

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

All: ☐ Jul: ☐ Aug: ☑ Sep: ☑ Oct: ☑ Nov: ☑ Dec: ☑

Jan: ☑ Feb: ☑ Mar: ☑ Apr: ☑ May: ☑ Jun: ☑

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

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

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

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

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

All: ☐   Early Education: ☐   1st grade: ☑   5th grade: ☑   9th grade: ☐

Head Start: ☐   2nd grade: ☑   6th grade: ☐   10th grade: ☐

Pre-Kindergarten: ☑   3rd grade: ☑   7th grade: ☐   11th grade: ☐

Kindergarten: ☑   4th grade: ☑   8th grade: ☐   12th grade: ☐

A5. How many Points of Service?   [2]

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

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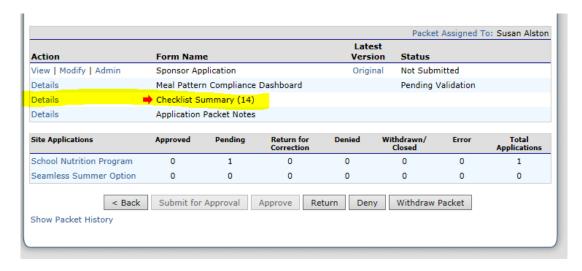
9. Click on **Finish**. The site application is now complete. You are directed back to the **Site List**. Repeat steps 2-9 for each site.

The Site Application has been saved.

[< Edit] [Finish]

Action		Site ID / Site Name	NSLP	SBP	ASCP	SMP	FFVP	Version/ Status
		Totals	5	5	3	0	0	
View | Modify	✔	ool	X	X	X			Original / Not Submitted
View | Modify	➡	chool	X	X	X			Original / Pending Validation
View | Modify	➡	e School	X	X	X			Original / Pending Validation

3 — Checklist Summary

After the sponsor and site applications have been saved, the CNP System will generate a checklist of items that need to be submitted with the application.

1. Click on **Details**.

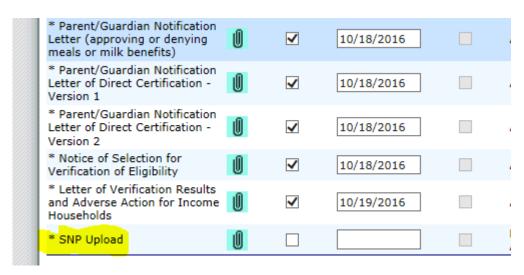| Action	Form Name	Latest Version	Status
			Packet Assigned To: Susan Alston
View | Modify | Admin	Sponsor Application	Original	Not Submitted
Details	Meal Pattern Compliance Dashboard		Pending Validation
Details	➡ Checklist Summary (14)		
Details	Application Packet Notes		

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

< Back | Submit for Approval | Approve | Return | Deny | Withdraw Packet

Show Packet History

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
Public Schools	13	0	0

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. 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**.

4. If a required checklist item is not listed under the heading **Required Forms/Documents to send to CNP**, use **SNP Upload** and repeat step 4.

Checklist Items

1. **Policy Statement (Updated June 2019):** The Policy Statement outlines the school food authority's (SFA) responsibilities specific to the agreement to participate in the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP), and the Afterschool Snack Program, or to provide free milk under the Special Milk Program (SMP). The SFA assures the CSDE that the policy with respect to determining the eligibility of children for free and reduced-price school meals will be uniformly implemented in all NSLPs and SBPs under its jurisdiction, as well as free milk in the SMP.

   Attach the school food authority's (SFA) completed and signed policy statement.

   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/PolicyStatement.doc

2. **Meal Application and Data Management Process (Updated June 2019):** Attach the SFA's completed *Meal Application and Data Management Process* form.
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/MealCount/MealAppData.doc

3. **Money Collection and Point-of-Service (POS) Meal Count Systems (Updated June 2019):** Attach the SFA's completed *Site Information on Money Collection and POS Meal Count Systems form.*
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/MealCount/SFAdata.doc

4. **Public Media Release (Updated May 2019):** Attach the SFA's public media release for school year 2019-20.
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/PublicMediaRelease.doc

5. **Application for Free and Reduced-price School Meals or Free Milk (Updated June 2019):** If applicable, attach the SFA's application distributed to households.
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/FamilyApplication.doc

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 (Updated May 2019):** Attach the SFA's parent letters distributed to households.

   School Meals
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/ParentLetterMeals.doc

   Milk
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/ParentLetterMilk.doc

7. **Parent/Guardian Notification Letter (approving or denying meals or milk benefits) (Updated May 2019):** If applicable, attach the SFA's parent/guardian notification letter for approving or denying meals or milk benefits).
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/ParentNotificationLetter.doc

8. **Parent/Guardian Notification Letter for Direct Certification based on SNAP, TFA or Medicaid Benefits (Version 1) (Updated May 2019):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 1).
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/DCParentNotif1.doc

9. **Parent/Guardian Notification letter for Direct Certification based on Foster Child, Homeless, Runaway or Head Start (Version 2) (Updated May 2019):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 2).
   - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/DCParentNotif2.doc

10. **Parent/Guardian Notification letter for Direct Certification based on Medicaid Benefits – Reduced-Price Meals (Version 3) (Updated May 2019):** Attach the SFA's parent/guardian notification letter for Direct Certification (version 3).
    - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/FreeRed/DCParentNotif3.doc

11. **Letter to Household of Notification of Selection for Verification of Eligibility (Updated May 2019):** If applicable, attach the SFA's notice of selection for verification of eligibility.
    - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/LetterVerify.doc
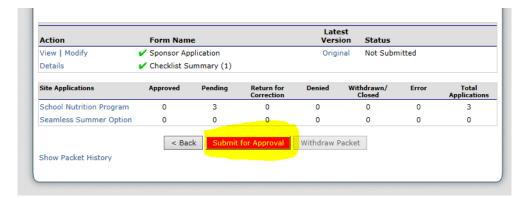
12. **Letter of Verification Results and Adverse Action for Income Households (Updated May 2019):** If applicable, attach the SFA's notice of selection for verification of eligibility.
    - https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/LetterAAIncome.doc

13. **Interschool Agreement (Updated January 2019):** If applicable, attach all Interschool Agreement Forms. For more information, see the "Interschool Agreements" section of the CSDE's Forms for School Nutrition Programs webpage.

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

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

All sample forms are available on the CSDE's Forms for School Nutrition Programs webpage.
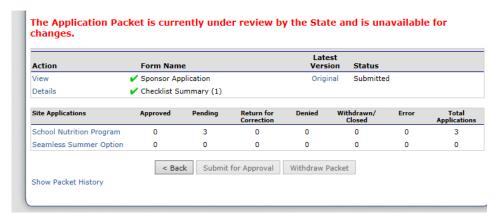
4 — Submitting the Application Packet for Approval

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

< Back   **Submit for Approval**   Withdraw Packet

Show Packet History

2. The Application Packet has now been submitted and is ready for approval by the CSDE. The application can no longer be modified and will be in **View Only** mode.

The Application Packet is currently under review by the State and is unavailable for changes.

Action	Form Name	Latest Version	Status
View	✔ Sponsor Application	Original	Submitted
Details	✔ 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

5 — Food Service Management Company

1. If the school nutrition program is being managed by a Food Service Management Company (FSMC) (question 52) click **YES** and complete the **Sponsor Contact for FSMC Contract** information as part of the **Sponsor Agreement**.

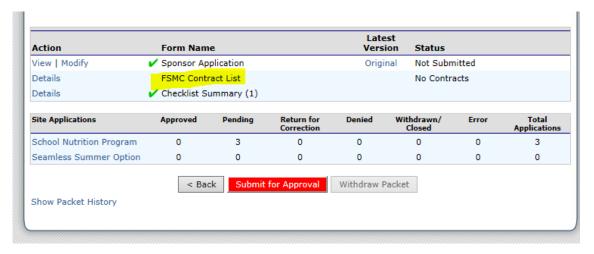   - **Note:** This section must be updated with the food service director's direct company manager. This would be an area manager or district manager. For information on the steps for the sponsor agreement, see section1.

   Food Service Management Company (FSMC)

   52. Will the school nutrition program be managed by a Food Service Management Company (FSMC)? ● Yes ○ No

   Sponsor Contact for FSMC Contract

	Salutation	First Name	Last Name
53. Name:	⌄		

   54. Email Address: 📇

   55. Phone: [   ] Ext: [   ] Fax: [   ]

   56. Title:

2. After the **Sponsor Application** has been saved, the **FSMC Contract List** will open.

   - If you were **operating with a FSMC contract during school year 2018-19**, the FSMC Contract List will already be visible. Skip to step 12.

   - If the SFA has elected **not to renew the FSMC contract** and has moved to a self-operated program, skip to step 16.

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

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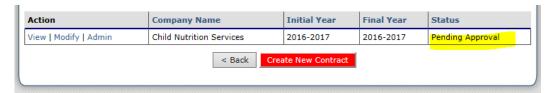
Contract Information

1.	Company Name:	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.

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.

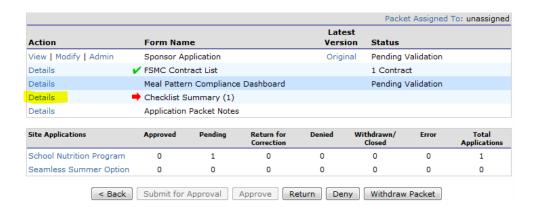| Sponsor	Total Items	Submitted Items	Approved Items
Board of Education	1	0	0

10. Click on the **check box** next to the **Food Service 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	📎	☐		☐	Pending Approval	08/23/2016	SAlston
* Letter of Verification Results and Adverse Action for Income Households	📎	☐		☐	Pending Approval	08/23/2016	SAlston
* SNP Upload	📎	☐		☐	Pending Approval	08/23/2016	SAlston
Foodservice Management Company Contract	📎	☑	08/23/2016	☐	Pending Approval	08/23/2016	SAlston

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

12. **UPLOAD CONTRACT RENEWAL AMENDMENT:** Next to Checklist Summary click on **Details**.
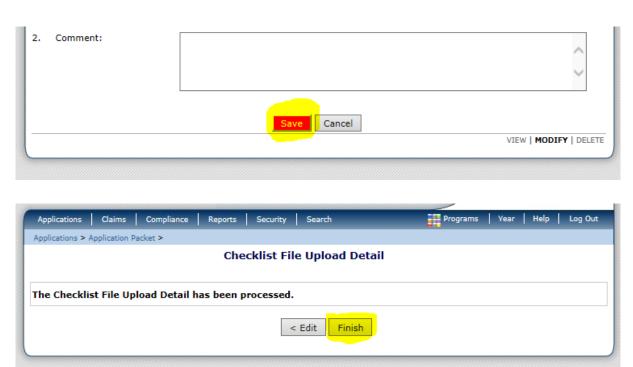

13. Click on **Sponsor Name.**

14. Click on the check box next to the FMSC Contract Renewal Amendment and then click on the blue paperclip. Upload the appropriate document.
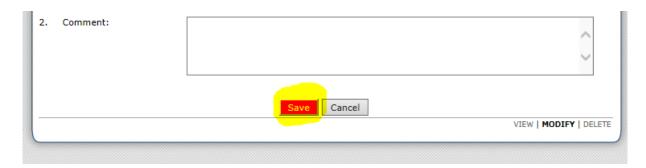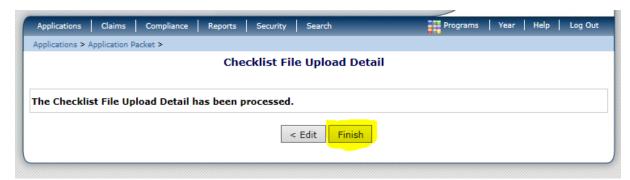
Required Forms/Documents to send to CNP	Document Submitted to CNP	Date Submitted to CNP	Document on File w/CNP	Status	Status Date	Last Updated By
FSMC Contract Renewal Amendment	📎 ☑	06/14/2017	☐	Pending Approval	06/14/2017	APaul

15. Click **Save** then **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

16. **CANCELLATION OF RENEWAL YEARS PROCESS:** Check off box 11 as noted below if the SFA has elected **not** to renew their current contract.

Cancellation of Renewal Years

11. ☑ This Food Service Management Company contract will not be renewed for the upcoming school year 2017-2018.

17. Click **Save** then **Finish.**

6 — Food Safety Inspection Report

To enter the number of food safety inspections at each site for school year 2018-19:

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

2. Click on **Applications**.

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

4. Click on **Modify for SY 2018-19**.

5. For each site, enter in the number of **Food Safety Inspections** for school year 2018-19. 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.

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

7. Click on **Finish**.

7 – Financial Report

1. Gather all of the financial data needed to complete the financial form. Step 8 shows a screen shot of the form. **Note: You will have one opportunity to enter the data.**

2. Access the CSDE's Online Application and Claiming System for Child Nutrition Programs (**CNP System**) at https://ct.cnpus.com/prod/Splash.aspx.

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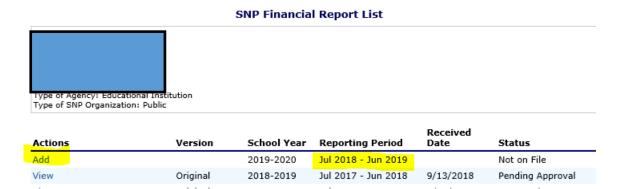
4. Click on **School Nutrition Programs**.

5. Click on **Applications**.

6. Click on **Financial Report**.

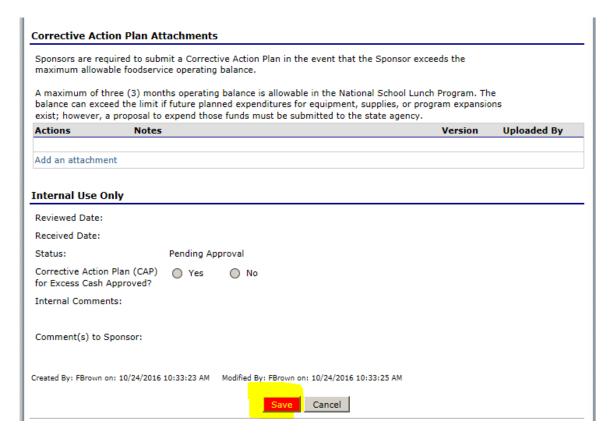7. Click **Add for School Year 2018-19**. **Note: Do not** click **Add** until all financial data is available to enter.

8. Enter the appropriate amount into each field. For information on each category, see "Category Description for Revenues and Expenditures" on pages 40-41. When complete, check the **certification box** at the bottom of the page.

REVENUES AND EXPENDITURES

1. Revenue for Reporting Period
   a. Cash From Daily Sales $☐
   b. Other Local Revenue $☐
   c. BOE Subsidies to Food Services Dept. $☐
   d. Total Revenue $0.00

2. Expenditure for Reporting Period
   a. Purchased Food Used $☐
   b. Direct Labor $☐
   c. Employee Benefits $☐
   d. Purchased Services $☐
   e. Equipment Purchase $☐
   f. Supplies / Miscellaneous $☐
   g. BOE Subsidies $☐
   h. Total Costs $0.00

3. Computed Operating Position
   a. Ending Cash Balance $☐
   b. Accounts Receivable $☐
   c. Value of Inventories on Hand $☐
   d. Total 3A + 3B + 3C $0.00
   e. Minus Accounts Payable $☐
   f. Computed Operating Position (3D-3E) $0.00
   g. Number of Operating Months   ☐
   h. Three Month Average Operating Cost (2H/3G)*3 $0.00
   i. Excess Balance (3F-3H) $0.00

☐ I certify that the information supplied above is correct to the best of my knowledge, that records are available to support this report. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject the applicant to prosecution under applicable state and federal statues.
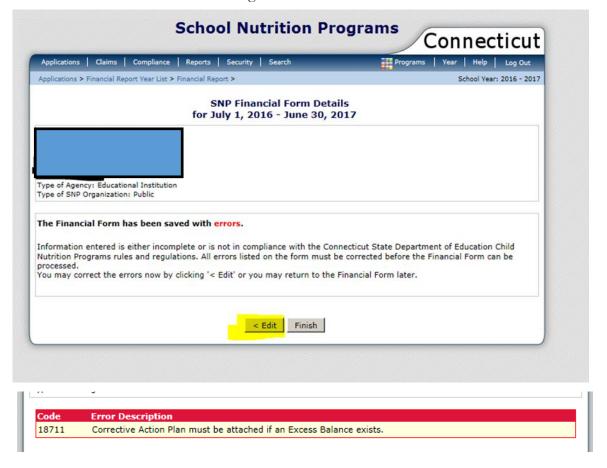
9. After entering all data, click **SAVE** at the bottom of the page. This prompts the form to complete the calculations and the designated fields will populate automatically.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor exceeds the maximum allowable foodservice operating balance.

A maximum of three (3) months operating balance is allowable in the National School Lunch Program. The balance can exceed the limit if future planned expenditures for equipment, supplies, or program expansions exist; however, a proposal to expend those funds must be submitted to the state agency.

Actions	Notes	Version	Uploaded By

Add an attachment

Internal Use Only

Reviewed Date:

Received Date:

Status: Pending Approval

Corrective Action Plan (CAP)   ○ Yes   ○ No
for Excess Cash Approved?

Internal Comments:

Comment(s) to Sponsor:

Created By: FBrown on: 10/24/2016 10:33:23 AM   Modified By: FBrown on: 10/24/2016 10:33:25 AM
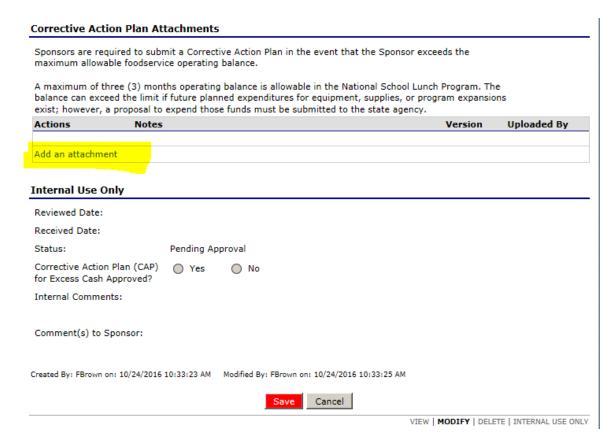
[Save] [Cancel]

Note: If a positive amount appears in field 3i (Excess Balance), an **error message** will appear because the sponsor exceeds the allowable three months operating cost. A corrective action plan is required.

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

If assistance is required with errors that are **not** Code 18711, contact your school nutrition programs county consultant.

If the error message indicates an excess balance exists, click **Add an Attachment** to upload your specific corrective action plan.

Corrective Action Plan Attachments

Sponsors are required to submit a Corrective Action Plan in the event that the Sponsor exceeds the maximum allowable foodservice operating balance.

A maximum of three (3) months operating balance is allowable in the National School Lunch Program. The balance can exceed the limit if future planned expenditures for equipment, supplies, or program expansions exist; however, a proposal to expend those funds must be submitted to the state agency.

Actions	Notes		Version	Uploaded By
Add an attachment				

Internal Use Only

Reviewed Date:

Received Date:

Status: Pending Approval

Corrective Action Plan (CAP)   ○ Yes   ○ No
for Excess Cash Approved?

Internal Comments:

Comment(s) to Sponsor:

Created By: FBrown on: 10/24/2016 10:33:23 AM   Modified By: FBrown on: 10/24/2016 10:33:25 AM

Save   Cancel

VIEW | **MODIFY** | DELETE | INTERNAL USE ONLY

Category Descriptions for Revenues and Expenditures (Step 8)

1. **Revenue for Reporting Period**

    a. **Cash from Daily Sales:** Includes the total amount of money that cashiers receive for paying students, adult meals, and a la carte sales (foods and beverages sold separately from reimbursable meals).

    b. **Other Local Revenue:** Cash received from catering and other local sources such as interest income on bank accounts. Do **not** include state matching funds and federal reimbursements.

    c. **BOE Subsidies:** Money that the board of education provides to subsidize the school food service program, such as the food service director's salary, health benefits, and equipment purchases. This also includes any in-kind services (services provided by the BOE but not charged to the school food service account), such as maintenance, electricity, gas, and telephone.

    d. **Total Revenue:** The CNP System calculates this amount automatically (a + b+ c).

2. **Expenditures for Reporting Period**

    a. **Purchased Food Used:** The total cost of all foods and beverages used, including government commodities at the storage and processing rate.

    b. **Direct Labor:** Include all food service employee salaries such as food service director, secretary, managers, cooks, general workers, cashiers, truck drivers, and any other food service employees.

    c. **Employee Benefits:** Includes all fringe benefits such as FICA, workers' compensation, health insurance, sick leave, uniforms, and physicals.

    d. **Purchased Services:** Includes all purchased services such as food service management fees, armored services, and exterminators.

    e. **Equipment Purchased:** Includes all equipment purchases including capital purchases and smaller items intended for long term use such as tables and chairs.

    f. **Supplies/Miscellaneous:** The total cost of all supplies used, such as paper, cleaning, expendable equipment under $500, and delivery charges for government commodities.

    g. **BOE Subsidies:** Include the cost of BOE subsidies to reflect the cost of operating your program. This figure should equal the BOE subsidy amount listed in 1c of section 1,

"Revenue for Reporting Period." **Note:** Do **not** include this figure in other expense areas.

h. **Total Costs:** The CNP System calculates this amount automatically (a + b+ c +d +e +f + g).

3. **Computed Operating Position**

a. **Ending Cash Balance:** The cash balance in the bank as of **June 30, 2017**, including checking, savings (all forms), petty cash, and posted interest.

b. **Accounts Receivable:** Includes all payments due, such as federal reimbursements and money owed from students and adults.

c. **Value of Inventories on Hand:** Ending inventory as of **June 30, 2017**, of purchased food, government commodities (at the storage and processing rate), and supplies.

d. **Total 3A + 3B + 3C:** The CNP System calculates this amount automatically (a + b+ c).

e. **Accounts Payable:** Any unpaid bills after June 30, 2017.

f. **Computed Operating Position (3D-3E):** The CNP System calculates this amount automatically.

g. **Number of Operating Months:** Record the number of months the Child Nutrition Program operated. Partial months count as a month. Include summer months if the sponsor is operating the seamless summer option (SSO) of the NSLP, an extended school year, or an official required academic summer school program.

h. **Three Month Average Operating Cost (2H/3G*3):** The CNP System calculates this amount automatically.

i. **Excess Balance (3F-3H):** This amount calculates automatically. **Note:** If an amount appears in this field, the sponsor exceeds the allowable three months operating cost and a corrective action plan is required. Click **Add an Attachment** to upload your specific corrective action plan.