Missouri Department of Health and Senior Services
Summer Food Service Program

CNPWeb Information Sheet Update Instructions

2017

As of March 1, 2007 the Summer Food Service Program (SFSP) began using a online web-based system – CNP Web. This is intended to serve as a quick start guide and not a comprehensive explanation of the operation of the system.

Basic Application Procedures

- Go to https://dhssweb04.dhss.mo.gov/cnp
- Log in using your User ID and Password. If you do not have one or have forgotten it please contact our office at (888) 435-1464.

Missouri Department of Health & Senior Services
Community Food and Nutrition Assistance

Please Enter

User ID:

Password:

Login

Program Selection

- After a successful login, you will see four puzzle pieces. Select the blue Summer Food Service Program piece.
> *Note: If you participate in the Child and Adult Care Food Program, you will have access to either the SFSP or CACFP systems by choosing the appropriate puzzle piece.*

Click on a puzzle piece above for the Child Nutrition Program you wish to access!

Exit Web Site

Notification Page

– This is where important SFSP information will be posted. This page will include links to instructions, forms, program news and updates. After carefully reading this page, click Continue.

Note: It is critical that you review this page each time you log in for current information. This page may be used by SFSP program staff in lieu of sending e-mail updates or reminders to sponsors.

Program Year Selection

- Choose the appropriate program year (2017).

Program Year Selection		
Program Year	**Program Begin Date**	**Program End Date**
2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012
2013	October 1, 2012	September 30, 2013
2014	October 1, 2013	September 30, 2014
2015	October 1, 2014	September 30, 2015
2016	October 1, 2015	September 30, 2016
2017	October 1, 2016	September 30, 2017

Sponsor Summary Page

Select the Applications Tab

↓ Bottom of Form

Sponsor Summary   **AAA Test Sponsor (55523)**

Packet	Applications	Activity	Claims	Payments	Users

Form Name		Revision	Status	Date Approved	Action
Sponsor Info Sheet			No Information Sheet		Add
Business Management Assessment			No Business Management Assessment		
Site Info Sheet					
55523-1	test site 1		No Information Sheet		Add
55523-2	test site 2		No Information Sheet		Add

↑ Top of Form

Sponsor Information Sheet

- Click on Add next to Sponsor Information Sheet and complete

SFSP — Missouri Department of Health & Senior Services

Sponsor Information Sheet

A A A Test Sponsor
(5523)

2017 Program Year
Not Submitted to State
New Application

↓ Bottom of Form

Site Enrollment Statistics

Total Sites: 0
Breakfast ADP: 0   AM Snack ADP: 0   Lunch ADP: 0   PM Snack ADP: 0   Supper ADP: 0

Mailing Address   **Street Address**

(1) Addr1: _____   (6) Addr1: _____
(2) Addr2: _____   (7) Addr2: _____
(3) City: _____   (8) City: _____
(4) State: [MO ▼] (5) Zip Code: _____   (9) State: [MO ▼] (10) Zip Code: _____
                                                         (11) County: [▼]

☐ Check here to copy Mailing Address to Street Address

NEW! **Responsible Individual** (Formerly *Authorized Representative)*

The Responsible Individual is an individual who has *final administrative and financial responsibility* for operating the Federal program under agreement with the Missouri Department of Health and Senior Services (MDHSS). This individual has signature authority for Summer Food Service Program (SFSP) operations and will be held responsible for any determination of serious deficiency in the operation of the Program.

Responsible Individual   **Food Program Contact**

                    First   MI   Last   First   MI   Last
(12) Name: [▼] ____ __ _____   (20) Name: [▼] ____ __ _____
(13) Title: _____   (21) Title: _____
(14) E-mail: _____   (22) E-mail: _____
(15) Phone: _____ (16) Ext: _____   (23) Phone: _____ (24) Ext: _____
(17) Fax: _____ (18) Ext: _____   (25) Fax: _____ (26) Ext: _____
(19) Contact's Address: [Mailing Address ▼]   (27) Contact's Address: [Mailing Address ▼]

☑ Check here to copy Responsible Individual to Food Program Contact

Sponsor Information Sheet
(Continued)
- You *must* check the Certification box (54) to submit your Sponsor Information Sheet. After checking that box, click save.

Certification

(56) ☐ I certify in submission of this electronic form to the Bureau of Community Food and Nutrition Assistance of the Missouri Department of Health and Senior Services the following:

1. The information on this form is true and correct to the best of my knowledge.
2. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs).
4. The program is directly operated by the sponsor at all sites.
5. Reimbursement will be claimed only for meals served to eligible participants.
6. Each site will maintain a daily point of service meal count for each meal or snack service that will be collected at least weekly by the sponsor.
7. The superintendent / board president / director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the sponsor's site(s).

(57) General Comments:

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Internal Use Only

(58) Claim Review: ⊙ Yes ○ No   Experienced Sponsor: **No**

(59) Commodity Eligible: ⊙ Yes ○ No   Meals: **0**   Meals X Rate: **0.00**
☐ Override system calculated Commodity Eligible Indicator

(60) Sponsor is authorized to operate more than 200 sites: ○ Yes ○ No   Site Count = 0

(61) Meal Reporting Type: **Site Level**

(62) Comments:

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(63) Approval Date: Approve via Packet

Created By:	Date Created:	Modified By:	Date Modified:

↑ Top of Form

[Save] [Cancel]

- If there are sponsor application errors, an error message will be generated with the error(s) highlighted.

Post Confirmation

The **Sponsor Information Sheet** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by DHSS. Please return to the entry form to review the errors and make the necessary corrections.

Click here to go to the Sponsor Information Sheet Listing or select another option from the menu above.

- If there are errors click here on the Sponsor Info Sheet then click on Edit under the Action heading to the right of Sponsor Info Sheet.

↓ Bottom of Form

Sponsor Summary   **AAA Test Sponsor (55523)**

Packet	Applications	Claims	Payments	Users

Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Errors		View Edit Delete
Sponsor Budget		No Budget Sheet		Add
Site Info Sheet				

↑ Top of Form

- There will be a screen similar to the following, with the errors highlighted, will appear.

SFSP   Missouri Department of Health & Senior Services
Sponsor Information Sheet

AAA Test Sponsor   2017   Program Year
(55523)   Errors
                                                                            Revision 0
↓ Bottom of Form

Validation Errors
Information entered did not pass all of the validation rules associated with this form. Please review the following messages for detailed information concerning the error and its severity. Messages with a severity of "1" must be corrected before this form can be processed. A severity of "2" indicates some information may be missing or incomplete but the form can be processed as is. You can scroll down to see where the errors occurred or click on a section number below to jump directly to the appropriate section.
Go to Section: 1 4

Section 1 - Validation Errors		
Field No.	Severity	Description
11	1	Street County is required.
Go to Section: 1 4		

Site Enrollment Statistics

Total Sites: 0
Breakfast ADP: 0   AM Snack ADP: 0   Lunch ADP: 0   PM Snack ADP: 0   Supper ADP: 0

Mailing Address   **Street Address**

(1) Addr1: 123 Test Street   (6) Addr1: 123 Test Street
(2) Addr2:   (7) Addr2:
(3) City: Test City   (8) City: Test City
(4) State: MO ▾   (5) Zip Code: 11111   (9) State: MO ▾   (10) Zip Code: 11111
                                       (11) County: ▾

☑ Check here to copy Mailing Address to Street Address

- Correct any errors, check the certification box and click Save

- At this point, you should see a Post Confirmation message that indicates that the Sponsor Information Sheet is in *Not Submitted to State* Status
- Click here to return to the Sponsor Summary

Sponsor Budget
- Click on Add next to Sponsor Budget, complete and press Save.

NOTE: Public Schools are now exempt from entering a budget.

- If there is a budget error, the error will be highlighted, similar to the Sponsor Info Sheet.
- Correct and Save
- At this point the Budget should be in *Not Submitted to State* Status as indicated above

- Click here to return to Sponsor Summary
- Your Sponsor Summary should now look like this:

Site Information Sheet

- Click on Add next to Site Info Sheet and complete it.

For each meal you are serving at your site, you must identify *which* vendor, FSMC or Central Kitchen is providing that meal. This is especially beneficial for those sponsor who may have multiple sources for single sites *AND* those have multiple sites with differenet food sources.

- In the first drop-down box, select whether the meal is Self-Prep (S), Vended (V), or Central Kitchen (C).

- If you selected Vended or Central Kitchen, you are required to select one of the food sources that you have entered on your *Sponsor Information Sheet*. You select that from the list in the drop-down list.

- Check certification box and click save.

- If there is a Site Info Sheet error(s), it will be highlighted. Correct and resave.
- The form must be in *Not Submitted to State* Status, then to continue, click <u>here</u> to return to Sponsor Summary
-

Post Confirmation

The **Site Information Sheet** was posted to the database with a status of **Not Submitted to State**.

When you have completed entering all of the forms required, please submit them to DHSS for final approval.

Click <u>here</u> to go to the Site Information Sheet Listing or select another option from the menu above.

- Repeat above steps for additional sites.
- If there is a site not listed on the Sponsor Summary please submit a paper Site Information Sheet for each site you would like to add.
- If there is a site listed that needs removed please call 888-435-1464 for assistance.

↓ Bottom of Form

Sponsor Summary   AAA Test Sponsor (55523)

Packet		Applications		Claims		Payments		Users

Form Name		Revision	Status	Date Approved	Action
Sponsor Info Sheet		0	Not Submitted to State		View Edit Delete
Sponsor Budget		0	Not Submitted to State		View Edit Delete
Site Info Sheet					
55523-1	test site 1	0	Not Submitted to State		View Edit Delete
55523-2	test site 2		No Information Sheet		Add

↑ Top of Form

Packet

Once the Sponsor Information Sheet, Business Management Analysis, Sponsor Budget Form, and Site Information Sheet (for each site) are all complete:

↓ Bottom of Form

Sponsor Summary

Packet	Applications	Activity	Claims	Payments	Users

Item	Req	On-Line Forms Description	Count/Date	Status
1	*	Sponsor Information Sheet		Not Submitted to State
2	*	Site Information Sheet	1 of 1	Not Submitted to State

Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
3		Documentation of 501(c)(3) Status				
4		Vendor Input/Direct Deposit Form	📄			
5		Policy Statement	📄			
6		Food Service Contract	📄			
7		Nutritionist Pre-approval Visit				
8		Program Services Contract				
9		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)	📄			
10		Sponsor Training Attendance				
11		E-Verify Memorandum of Understanding	🌐			
12	*	Business Management Assessment (BMA) (must be completed on the DHSS site)	🌐	3/1/2016		
13		DUNS Information	📄			

Click here to Update Dates on Off-Line Forms

- Select the Packet tab on the Sponsor Summary page
- Verify all On-Line Forms are in *Not Submitted to State* status
- Any Form with the asterisk (*) beside it must be completed and returned to our office.
- Then click here to Update Dates on Off-Line Forms that are required (forms required for each sponsor will be highlighted by an asterisk (*).

Off-line Form Update — Board of Education of the City of St Louis (2242)

Item	Req	Form Description	Date Sent	Date Received	Date Complete
1		Documentation of 501(c)(3) Status			
2		Vendor Input/Direct Deposit Form			
3		Policy Statement			
4		Food Service Contract			
5		Nutritionist Pre-approval Visit			
6		Program Services Contract			
7		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)			
8		Sponsor Training Attendance			
9		E-Verify Memorandum of Understanding			
10	*	Business Management Assessment (BMA) (must be completed on the DHSS site)			
11		DUNS Information			

Save   Cancel

- Enter the date the document was submitted to CFNA in Date Sent box.
- Click Save

BMA

Again this year, all SFSP Sponsors are required to complete the Business Management Assessment (BMA) to be eligible to participate in the program. Last year, this form was completed within CNPweb. *Beginning in 2016* the form must be accessed on the Department of Health and Senior Services home page at https://health.mo.gov/atoz/bma/index.php.

Once this has been completed, you are required to enter the date of completion in the *Date Sent* column for the appropriate line in the Off-line Form Update portion of the packet.

For complete instructions go to the DHSS Contractor Resources Page.

Sponsor Summary — Board of Education of the City of St Louis (2242)

| Packet | Applications | Activity | Claims | Payments | Users |

Item	Req	On-Line Forms Description		Count/Date	Status
1	*	Sponsor Information Sheet			Not Submitted to State
2	*	Site Information Sheet		1 of 1	Not Submitted to State

Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
3		Documentation of 501(c)(3) Status				
4		Vendor Input/Direct Deposit Form	📄			
5		Policy Statement	📄			
6		Food Service Contract	📄			
7		Nutritionist Pre-approval Visit				
8		Program Services Contract				
9		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)	📄			
10		Sponsor Training Attendance				
11		E-Verify Memorandum of Understanding	🌐			
12	*	Business Management Assessment (BMA) (must be completed on the DHSS site)	🌐	3/1/2016		
13		DUNS Information	📄			

Click here to Update Dates on Off-Line Forms

☑ Check here and click on the "Save" button below to submit forms to the State for Approval.

(Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

[Save]

↑ Top of Form

- Check the box to "Save" and Save forms to the State for Approval and click Save.

Sponsor Summary   AAA Test Sponsor (55523)

Packet	Applications	Claims	Payments	Users

Item	Req	On-Line Forms Description	Count/Date	Status
1	✳	Sponsor Information Sheet		Pending Approval
2	✳	Sponsor Budget Form		Pending Approval
3	✳	Site Information Sheet	2 of 2	Pending Approval
4		Forms Submitted to State for Approval	2/9/2011	Pending Approval

Item	Req	Off-Line Forms Description	Date Sent	Date Received	Date Complete
5	✳	Geographical Boundary Map	3/1/2011		
6		Documentation of 501(c)(3) Status			
7	✳	Food Service Contract	3/1/2011		
8		Enrollment Form			
9		Contract			
10	✳	Notarized Affidavit	3/1/2011		
11		Business Entity Certification			
12	✳	E-Verify Memorandum of Understanding	3/1/2011		
13	✳	Nutritionist Pre-approval Visit	3/1/2011		
14	✳	New Sponsor Training Attendance	3/1/2011		
15	✳	Policy Statement	3/1/2011		
16	✳	Direct Deposit Form	3/1/2011		
17	✳	Vendor Input Form	3/1/2011		

- Status of Information Sheets and Budget should now be *Pending Approval*.
- At this point your application has been properly submitted to the state.

NOTE: Screenshot of example was changed to show different status information.

Sponsor Summary

AAA Test Sponsor (55523)

Packet	Applications	Claims	Payments	Users

Item	Req	On-Line Forms Description	Count/Date	Status
1	✻	Sponsor Information Sheet		Approved
2	✻	Sponsor Budget Form		Approved
3	✻	Site Information Sheet		Approved
4		Forms Submitted to State for Approval	2/9/2011	Approved
5		Forms Approved by the State	2/9/2011	Approved

Item	Req	Off-Line Forms Description	Date Sent	Date Received	Date Complete
6	✻	Geographical Boundary Map	3/1/2011	3/5/2011	3/5/2011
7		Documentation of 501(c)(3) Status			
8	✻	Food Service Contract	3/1/2011	3/5/2011	3/5/2011
9		Enrollment Form			
10		Contract			
11	✻	Notarized Affidavit	3/1/2011	3/5/2011	3/5/2011
12		Business Entity Certification			
13	✻	E-Verify Memorandum of Understanding	3/1/2011	3/5/2011	3/5/2011
14	✻	Nutritionist Pre-approval Visit	3/1/2011	3/5/2011	3/5/2011
15	✻	New Sponsor Training Attendance	3/1/2011	3/5/2011	3/5/2011
16	✻	Policy Statement	3/1/2011	3/5/2011	3/5/2011
17	✻	Direct Deposit Form	3/1/2011	3/5/2011	3/5/2011
18	✻	Vendor Input Form	3/1/2011	3/5/2011	3/5/2011

Please feel free to check back on the Sponsor Summary page to review your application status. When the Status is *Approved*, your application has been approved by the state. Please note that your update will not be considered complete and will not be approved until all off-line (i.e., paper) forms, if any are required, have been received by the Bureau of Community Food and Nutrition Assistance.

Tips for Navigating the Web-Based System

1. Do not use your Internet Explorer's Back button. Use the menu (in the blue section) on the top left of the screen, or use the "breadcrumb trail," (under the blue bar) to navigate from screen to screen.
2. Each time you submit the info sheet or claim, no matter if it has errors, it is saved on the server, and will be there if you need to leave or logoff and come back.
3. Use the Tab key to navigate from field to field, or use your mouse to point and click into the field you want to complete. Try not to use your Enter key. If you do, the info sheet or claim will submit (in an error status).
4. If you are in View mode, changes won't be saved. If you want to make changes, make sure you are in Edit or Revise mode.
5. Claim revisions are filed after the original (or previous revision) is in *Paid* status.

User Notes

1. Click the Users tab to view individuals who have access to submit application and claim information for your organization.
2. Inform the Bureau of Community Food and Nutrition Assistance <u>immediately</u> if an individual with access to the SFSP web-based system is leaving your organization so that access may be revoked.
3. Submit a Network User Access Request form to request online access for new employees.
4. ***User IDs and passwords are assigned to individuals only, and may not be shared.***