

Missouri Department of Health and Senior Services
Child and Adult Care Food Program

CNPWeb Application Renewal Instructions 2019

The Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) has activated FY 2019 in the Child and Adult Care Food Program (CACFP) web-based system. Some information from your FY 2018 application is transferred into the FY 2019 renewal application. Please review that information and enter the required missing information.

Follow these instructions carefully to complete and submit your 2019 application renewal. Most fields are self-explanatory. Refer to pages 13 and 14 for an explanation of certain fields.

Basic Renewal Steps

1. Log in at <https://dhssweb04.dhss.mo.gov/cnp>. Read the information presented on the Welcome page and click on Continue at the bottom of the page. Choose 2019 under the Program Year column..

Program Year Entry	Click here to Add a New Program Year
Year	
2005	
2006	
2007	
2011	
2012	
2013	
2014	
2015	
2016	
2017	
2018	
2019	

- The Sponsor Summary will appear. Click on the Applications tab.
- The Sponsor Info Sheet is listed with the option to Add in the Action column. Click Add to open the Sponsor Information Sheet.

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Sponsor Summary

1 Example Private - For Profit Child Care (2293)

Packet	Applications	Claims	Payments	Users	
Form Name		Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet			Add
Center Info Sheet					
2293-1	1 Example Private - For Profit Child Care Center	No Information Sheet			

- Complete all blank fields and review and update fields that carried forward from 2018.

CACFP Missouri Department of Health & Senior Services

Sponsor Information Sheet

1 Example Private - For Profit Child Care (2293)

2018-2019 Program Year
Not Submitted to State
Renewal Application

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Mailing Address				Street Address			
(1) Addr1:	<input type="text" value="123 Some Street"/>	(6) Addr1:	<input type="text" value="123 Some Street"/>				
(2) Addr2:	<input type="text"/>	(7) Addr2:	<input type="text"/>				
(3) City:	<input type="text" value="Some City"/>	(8) City:	<input type="text" value="Some City"/>				
(4) State:	<input type="text" value="MO"/>	(9) State:	<input type="text" value="MO"/>				
(5) Zip Code:	<input type="text" value="65432"/>	(10) Zip Code:	<input type="text" value="65432"/>				

Check here to copy Mailing Address to Street Address

Authorized Representative				Food Program Contact			
	First	MI	Last		First	MI	Last
(11)Name:	<input type="text" value="Ms."/>	<input type="text" value="Imagood"/>	<input type="text" value="Director"/>	(19)Name:	<input type="text" value="Ms."/>	<input type="text" value="Imagood"/>	<input type="text" value="Director"/>
(12)Title:	<input type="text" value="Owner"/>			(20)Title:	<input type="text" value="Owner"/>		
(13)E-mail:	<input type="text" value="imagoodd@123net.com"/>			(21)E-mail:	<input type="text" value="imagoodd@123net.com"/>		
(14)Phone:	<input type="text" value="573-123-4567"/>	(15) Ext:	<input type="text"/>	(22)Phone:	<input type="text" value="573-123-4567"/>	(23) Ext:	<input type="text"/>
(16)Fax:	<input type="text" value="573-123-4568"/>	(17) Ext:	<input type="text"/>	(24)Fax:	<input type="text" value="573-123-4568"/>	(25) Ext:	<input type="text"/>
(18)Contact's Address:	<input type="text"/>			(26)Contact's Address:	<input type="text"/>		

Check here to copy Authorized Representative to Food Program Contact

- Click Save at the bottom of the page.

(65) Approval Date: **Approve via Enrollment Packet**

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

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If error messages appear, refer to steps 25 thru 27. Make necessary corrections until the following screen appears after Save is clicked. The Sponsor Information Sheet is in Pending Submission status, but is “Not Submitted to State.”

- Click here to return to the Sponsor Summary – Application tab.

Post Confirmation

The **Sponsor 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 [here](#) to go to the Sponsor Information Sheet Listing or select another option from the menu above.

- Click Add in the Action column for the first center in the Center Info Sheet section.

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Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

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		No Budget Sheet		Add
Center Info Sheet				
2293-1	1 Example Private - For Profit Child Care Center		No Information Sheet	Add

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8. Choose appropriate type of center to open the Center Information Sheet.
NOTE: This should default to Program Type from previous year, so you will likely not see this. IF you do see this option and have questions, please contact our office at 800-733-6251.

Center Information Sheet				
Site: 1 Example Private - For Profit Child Care Center (2293-1)		Sponsor: 1 Example Private - For Profit Child Care (2293)		
Program Types	Revision Number	Date Created	Date Approved	Status
Adult Care Center				
Child Care Center				
Head Start Center				
Outside School Hours Center				
Homeless Shelter Center				
At Risk After School Center				

9. Review the fields that are automatically populated from the previous year's application renewal for accuracy. Make changes as needed. Complete the remainder of fields.

CACFP Missouri Department of Health & Senior Services

Center Information Sheet

1 Example Private - For Profit Child Care (2293) 2018-2019 Program Year
Not Submitted to State
Renewal Application

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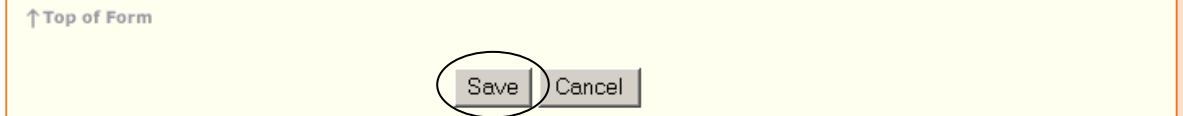
Mailing Address		Street Address	
(1) Addr1: 12 Buklemishu	(6) Addr1: 12 Buklemishu	(2) Addr2:	(7) Addr2:
(3) City: Shoeville	(8) City: Shoeville	(4) State: MO	(9) State: MO
(5) Zip Code: 55555	(10) Zip Code: 55555	(11) County: Cole	

10. **Note: Please read Item (55) carefully.** If you serve meals on holidays select YES. If you select YES *THEN* identify which of the listed holidays on which you serve meals. Do this by clicking inside the box next to that particular holiday.

(55) Do you Serve Meals on Holidays? Yes No (If "Yes", Check all that apply)

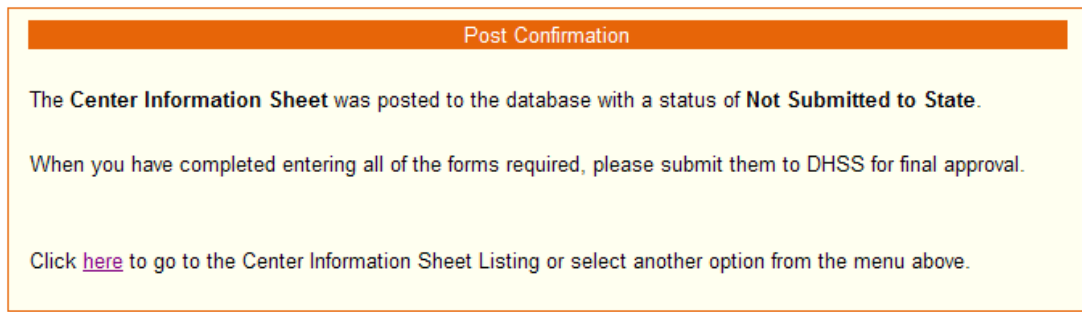
<input type="checkbox"/> New Years	<input checked="" type="checkbox"/> Presidents Day	<input checked="" type="checkbox"/> Martin Luther King	<input checked="" type="checkbox"/> Columbus Day
<input checked="" type="checkbox"/> Election Day	<input checked="" type="checkbox"/> Veterans Day	<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Labor Day
<input type="checkbox"/> Independence Day	<input type="checkbox"/> Easter	<input type="checkbox"/> Thanksgiving	<input type="checkbox"/> Christmas
<input type="checkbox"/> Other	<input type="text"/>		

11. Click Save at the bottom of the page.



If error messages appear, refer to step 25 thru 27. Make needed corrections until the following screen appears when Save is clicked. The Center Information Sheet is in Pending Submission status, but is “Not Submitted to State.”

12. Click here to return to the Sponsor Summary – Application tab.



13. ****If you are a sponsor of multiple sites, repeat steps 7-11 for each site****

14. Business Management Assessment (BMA)

Beginning with SFSP 2016, we are no longer requiring the Business Management Analysis (BMA) to be completed in CNPweb. HOWEVER, contractors will continue to be required to complete the BMA each calendar year, but will now complete it through the department’s website at <https://health.mo.gov/atoz/bma/index.php> . The BMA can also be accessed by going through the DHSS home page:

- <http://health.mo.gov>
- Go to the bottom and click *Site A to Z*
- Navigate to the B’s to find the *Business Management Assessment*

IMPORTANT NOTES

- The form works best when using the Microsoft Internet Explorer browser rather than other browsers such as Chrome, Firefox, Opera, Safari, etc.
- After completing the BMA Form you will be provided with a Confirmation Number. **We strongly encourage you to document that number and keep it until your application is completely approved by CFNA staff.**

For HELP or more information about the BMA, please go to the online [BMA Instructions](#). If you have questions regarding the completion of the BMA form, you may contact the DHSS Division of Administration at **573-751-6104** or via email at Monitoring@health.mo.gov.

NOTE: CFNA will not be able to assist you in the completion of the BMA. Our office will forward any calls or emails requesting assistance on completing the BMA to the Division of Administration.

15. If you are required to complete a budget, click Add under the Applications tab in the Sponsor Summary.

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Sponsor Summary

1 Example Private - For Profit Child Care (2293)

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		No Budget Sheet		Add
Center Info Sheet				
2293-1 - CCC	1 Example Private - For Profit Child Care Center	0	Not Submitted to State	Add View Edit Delete

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16. Verify the number of centers and enter the applicable information. When complete click on Save.

CACFP Missouri Department of Health & Senior Services

Sponsor Budget Form

2018-2019 Program Year

1 Example Private - For Profit Child Care (2293)

Not Submitted to State

New Application

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(1) Number of Centers 1

The purpose of this budget is for the organization to demonstrate financial viability and show the budget for food service expenses. A renewing sponsor must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to withstand temporary interruptions in Program payments and/or fiscal claims against the Institution. Costs in the renewing sponsor budget must be necessary, reasonable, allowable, and appropriately documented. This budget will not affect your reimbursement. The number of meals served and participants' classification in free, reduced, and paid categories determines the amount you receive from CACFP.

Income

List ALL sources of annual and monthly amounts of cash or income received by your organization.

Sources	Monthly Amount
(2) Day Care Fees (private pay)	\$ <input type="text"/>
(3) Child Care Subsidy Money (DFS Funds-Title XX)	\$ <input type="text"/>
(4) CACFP Reimbursement (estimated amount)	\$ <input type="text"/>
(5) Funds received from the sale of meals to teachers, parents, visitors	\$ <input type="text"/>
(6) Head Start Grants	\$ <input type="text"/>
(7) Adult Care Subsidy Money (Title XIX (Social Security))	\$ <input type="text"/>
(8) Grants	\$ <input type="text"/>

17. If you are required to complete a Management Plan, click Add under the Applications tab in the Sponsor Summary.

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Sponsor Summary

1 Example Private - For Profit Child Care (2293)

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	
Sponsor Management Plan			No Management Plan		Add	
Center Info Sheet						
2293-1 - CCC	1 Example Private - For Profit Child Care Center	0	Not Submitted to State		Add View Edit Delete	
2293-2 - CCC	Site No 2	0	Not Submitted to State		Add View Edit Delete	

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18. Complete the management plan Check this box and click Save.

Check here to submit this form to the State for Approval

Internal Use Only

(134) Approval Date:

19. All items in Applications should now be in the Not Submitted to State status.

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Sponsor Summary

1 Example Private - For Profit Child Care (2293)

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	
Center Info Sheet						
2293-1 - CCC	1 Example Private - For Profit Child Care Center	0	Not Submitted to State		Add View Edit Delete	
2293-2 - CCC	Site No 2	0	Not Submitted to State		Add View Edit Delete	

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20. Click on the Sponsor Summary – Packet tab. When selected the Packet tab will be highlighted dark orange as shown below. A list of Off-Line forms will appear. Scroll to the bottom of the page and click on the word [here](#) in the sentence, “Click [here](#) to Update Dates on Off-Line Forms”.

↓ Bottom of Form

Sponsor Summary 1 Example Private - For Profit Child Care (2293)

Packet		Applications	Claims	Payments	Users	
Item	Req	On-Line Forms Description		Count/Date	Status	
1	*	Sponsor Information Sheet			Not Submitted to State	
2	*	Sponsor Budget Form			Not Submitted to State	
3	*	Center Information Sheets		1 of 1	Not Submitted to State	
Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
4		Food Service Contract/Agreement (vended meals)				
5		Business Management Assessment (BMA)				

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.)

↑ Top of Form

21. For each form marked with an asterisk (*) enter the date the form was sent to MDHSS-CFNA. When “Date Sent“ for all required forms are entered click [Save](#).

NOTE: ALL CACFP sponsor will have to enter the “DATE SENT” for the BMA before your application can be submitted. If you are also an SFSP sponsor and submitted the BMA form for that program earlier this year, please contact our office for assistance. You may call CFNA at (800) 733-6251.

Off-line Form Update 1 Example Private - For Profit Child Care (2293)

Item	Req	Form Description	Date Sent	Date Received	Date Complete
10	*	Business Management Assessment (BMA) (must be completed on the DHSS site)	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. The following sentence will appear below the list of forms on the Packet tab, “Check here and click on the “Save” button below to submit forms to the State for Approval.” Click on the box to check it and click Save.

↓ Bottom of Form

Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

Packet		Applications	Claims	Payments	Users	
Item	Req	On-Line Forms Description		Count/Date	Status	
1	*	Sponsor Information Sheet			Not Submitted to State	
2	*	Sponsor Budget Form			Not Submitted to State	
3	*	Center Information Sheets		1 of 1	Not Submitted to State	
Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
4	*	Overlap Form				

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.)

23. Make sure status is “Pending Approval”.

↓ Bottom of Form

Sponsor Summary **1 Example Private - For Profit Child Care (2293)**

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	*	Center Information Sheets		1 of 1	Pending Approval	
4		Forms Submitted to State for Approval		8/1/2012	Pending Approval	
Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
5		Overlap Form				

Click [here](#) to Update Dates on Off-Line Forms

Check here and click on the "Save" button below for Approval of applications.

NOTE: Once the forms have been submitted to the State Agency and are in PENDING APPROVAL status, no additional changes can be made prior to approval.

24. Click on the Users tab and make sure the users listed are still the people that should have access to the system. To delete a user, send an email request to CACFP@health.mo.gov. To add a user, complete a Network User Access Request form found at http://www.health.mo.gov/living/dnhs_pdfs/CACFP-web-access.pdf. Keep user information up to date to ensure sponsor's information is secure!

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Sponsor Summary 1 Example Private - For Profit Child Care (2293)

Packet	Applications	Claims	Payments	Users
User Name		E-mail Address		Last Login
Imagoood Director		imagoood@123net.com		(573) 123-4567

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25. If Sponsor or Center Information sheets have errors, the following screen will display. Click [here](#) to return to the Sponsor Summary – Applications tab.

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.

26. Click Edit in the Action column next to the sheet with errors.

Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Errors		View Edit Delete
Center Info Sheet				
2291-1 1 Example Private - For Profit Child Care Center		No Information Sheet		Add

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27. Errors are highlighted in red. At the beginning of each section will be a description of errors by field number and severity. Make corrections and re-submit.

Section 5 - Validation Errors		
Field No.	Severity	Description
36	1	Month Fiscal Year Begins is required.
37	1	Month Fiscal Year Ends is required.
38	1	Last Fiscal Year Federal Dollars Expended is required.
39	1	Current Fiscal Year expected Federal Dollars to be spent is required.

Go to Section: [3](#) [5](#) [6](#) [7](#)

A-133 Audit Compliance

(36) Select the month your Fiscal Year **Begins:** (37) **Ends:**

(38) Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Explanation of Fields

Most fields are self-explanatory. Read here for explanation of certain fields.

Sponsor Information Sheet:

Field (27) If this information is incorrect, you must contact state office to make correction.

General Information

(27) Type of Sponsoring Authority: **Private - For Profit** FEIN: 123456789

Field (28) You must check one. If you are a single center, check Independent Sponsor.

(28) Sponsoring Type: Independent Sponsor (One Center) Sponsoring Organization

Fields (38 & 39) Enter correct dollar amounts based on your records. Even though it asks for amounts you “expended” or “spend” this refers to the amount of reimbursements you have received through CACFP. Even though you receive money from CACFP participation, it is actually a reimbursement for money you have *expended* or *expect to spend*.

The amounts we expect to see here is the amount of money you have received from federal programs or expect to receive from federal programs.

(38) Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Center Information Sheet:

Field (36) Overlap capacity is number of extra children you can care for over license capacity.

Field (37) License number should be a 9 digit number.

Capacity Information

(34) Facility Capacity

(35) Does your facility have overlap approval? Yes No

(36) Overlap Capacity

Licensing Information

(37) License Number

(38) Effective Date

(39) Expiration Date

Field (45) Private - for profit centers may be eligible to participate in CACFP if 25% of enrolled children or of the license capacity is either DFS paid children or children qualified for free and reduced price meals based on Income Eligibility Forms. If eligibility is based on DFS paid children check *Title XX For-Profit*. If eligibility is based on number of free and reduced price children, check *F/RP For Profit*.

(45) Is this Center Title XX For-Profit F/RP For-Profit

(46) Title XX Beneficiaries (47) Free/Reduced (48) Eligibility **86.6%**

Field (47) The number of Free/Reduced should equal the numbers in fields (12 A&B)

Enrollment Information		(A)	(B)	(C)	(D)
Program		Free	Reduced	Paid	Total
(12)	Child Care Center	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="25"/>	38

Fields (62-65) Complete only if Commercial Vendor is checked.

Type of Food Service

(60) Meal Preparation On Site Central Kitchen School Commercial Vendor

(62) Commercial Vendor Contract is Less than \$100,000.00 Greater than or Equal to \$100,000.00

Contract Information

(63) Vendor Name

(64) Contract Begin Date (65) Contract End Date

Mail copy of current contract to DHSS