

# Missouri Department of Health and Senior Services Child and Adult Care Food Program CNPWeb Application Renewal Instructions FFY 2022

The Department of Health and Senior Services – Community Food and Nutrition Assistance (DHSS-CFNA) has activated the Federal Fiscal Year (FFY) 2022 Child and Adult Care Food Program (CACFP) application in the Child Nutrition Program web-based system (CNPWeb). Some information from your FFY 2021 application is transferred into the FFY 2022 renewal application. Please review that information and enter the required missing information.

Follow these instructions carefully to complete and submit your FFY 2022 application renewal. Most fields are self-explanatory. Refer to pages 11 and 12 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 2022 under the Program Year column.
2. The Sponsor Summary will appear. Click on the Applications tab.
3. The Sponsor Information 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			<a href="#">Add</a>
Center Info Sheet					
2293-1	1 Example Private - For Profit Child Care Center	No Information Sheet			

4. Complete all blank fields, review, and update fields that carried forward from FFY 2021.

Sponsor Information Sheet

1 Example Private - For Profit Child Care (2293)

2021-2022 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"/> <input type="button" value="v"/>	(9) State:	<input type="text" value="MO"/> <input type="button" value="v"/>
(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

Authorized Representative			Food Program Contact				
	First	MI	Last		First	MI	Last
(11) Name:	<input type="text" value="Ms."/> <input type="button" value="v"/>	<input type="text" value="Imagood"/>	<input type="text" value="Director"/>	(19) Name:	<input type="text" value="Ms."/> <input type="button" value="v"/>	<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

5. Click Save at the bottom of the page.

(65) Approval Date: Approve via Enrollment Packet

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Created By: \_\_\_\_\_ Date Created: \_\_\_\_\_ Modified By: \_\_\_\_\_ Date Modified: \_\_\_\_\_

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*If error messages appear, refer to steps 24 through 26. Make necessary corrections until the Post Confirmation screen indicated below 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 Information 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		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
Sponsor Budget		No Budget Sheet		<a href="#">Add</a>
<b>Center Info Sheet</b>				
2293-1	1 Example Private - For Profit Child Care		No Information Sheet	<a href="#">Add</a>
1	Center			

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

**CACFP** Missouri Department of Health & Senior Services

Center Information Sheet

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

2021-2022 Program Year

Not Submitted to State

**Renewal Application**

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Mailing Address		Street Address	
(1) Addr1:	<input type="text" value="12 Buklemishu"/>	(6) Addr1:	<input type="text" value="12 Buklemishu"/>
(2) Addr2:	<input type="text"/>	(7) Addr2:	<input type="text"/>
(3) City:	<input type="text" value="Shoeville"/>	(8) City:	<input type="text" value="Shoeville"/>
(4) State:	<input type="text" value="MO"/>	(9) State:	<input type="text" value="MO"/>
(5) Zip Code:	<input type="text" value="55555"/>	(10) Zip Code:	<input type="text" value="55555"/>
		(11) County:	<input type="text" value="Cole"/>

9. **Read item (55) carefully.** If you serve meals on holidays, select “Yes” and identify the 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"/>			

10. Click Save at the bottom of the page.

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*If error messages appear, refer to steps 24 through 26. Make needed corrections until the Post Confirmation screen appears when Save is clicked. The Center Information Sheet is in “Pending Submission” status, but is “Not Submitted to State.”*

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

**Post Confirmation**

The Center 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 Center Information Sheet Listing or select another option from the menu above.

12. **If you are a sponsor of multiple centers, repeat steps 7 through 10 for each center.**

13. If you are required to complete a new budget for 2022, the budget will appear after the Sponsor Information Sheet is entered. Sponsoring Organizations must complete a budget each year. Independent Sponsors must complete a budget every three years.

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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		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
Sponsor Budget		No Budget Sheet		<a href="#">Add</a>
Center Info Sheet				
2293-1 - CCC	1 Example Private - For Profit Child Care Center	0	Not Submitted to State	<a href="#">Add</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>

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14. 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

**1 Example Private - For Profit Child Care (2293)** 2021-2022 Program Year  
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"/>

15. If you are required to complete a Sponsor 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		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
Sponsor Budget	0	Not Submitted to State		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
<b>Sponsor Management Plan</b>		No Management Plan		<a href="#">Add</a>

**Center Info Sheet**

2293-1 - CCC	1 Example Private - For Profit Child Care Center	0	Not Submitted to State	<a href="#">Add</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
2293-2 - CCC	Site No 2	0	Not Submitted to State	<a href="#">Add</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>

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16. Complete the Sponsor Management Plan. Check the box and click Save.

Check here to submit this form to the State for Approval

Internal Use Only

(134) Approval Date:

17. All items under the Applications tab 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		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
Sponsor Budget	0	Not Submitted to State		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
<b>Center Info Sheet</b>				
2293-1 - CCC	1 Example Private - For Profit Child Care Center	0	Not Submitted to State	<a href="#">Add</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
2293-2 - CCC	Site No 2	0	Not Submitted to State	<a href="#">Add</a> <a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>

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18. 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.”

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### 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.)

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19. For each form marked with an asterisk (\*), enter the date the form was sent to DHSS-CFNA. When “Date Sent” for all required forms are entered, click Save.

20. Business Management Assessment (BMA)  
 All CACFP sponsors are required to complete the BMA every calendar year and enter the “Date Sent” before your application can be submitted. If you are also a Summer Food Service Program (SFSP) sponsor and submitted the BMA form for that program earlier this year, enter the date you entered the BMA for the SFSP application. To complete and view instructions, go to <https://health.mo.gov/atoz/bma/index.php>. **The BMA form does not work with Microsoft Internet Explorer; another browser such as Chrome, Firefox, Opera, Safari, etc. must be used.** Make sure you have enough time to complete the form prior to starting. There is not a “Save” feature. Prolonged periods of inactivity will cause your form to expire and the information will be lost even if it appears on the screen.

10	*	Business Management Assessment (BMA) (must be completed on the DHSS site)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Off-line Form Update 1 Example Private - For Profit Child Care (2293)

Item	Req	Form Description	Date Sent	Date Received	Date Complete
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To complete the BMA form, sponsors will need your:

- Federal taxpayer identification number and
- DUN and Bradstreet number (<https://www.dnb.com/duns-number/lookup.html>).

A confirmation number will appear on the screen when the form is successfully completed. Record the date of completion and confirmation number for your records. It is important to document the number and keep it until your application is 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](mailto:Monitoring@health.mo.gov).

21. 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.

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### 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.)

22. Make sure status is in "Pending Approval".



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### 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.

*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.*

23. 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](mailto:CACFP@health.mo.gov). To add a user, complete a CACFP Network User Access Request form found at <https://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/appsforms.php>. 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	Phone Number	Last Login		
Imagood Director	imagoodd@123net.com	(573) 123-4567			

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24. 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.

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

Form Name	Revision	Status	Date Approved	Action
<b>Sponsor Info Sheet</b>	0	Errors		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
<b>Center Info Sheet</b>				
2291-1 1 Example Private - For Profit Child Care Center		No Information Sheet		<a href="#">Add</a>

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26. Errors are highlighted in red. At the beginning of each section there 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](#)

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**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 CFNA to make the 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. It asks for amounts you “expended” or “spend”. This refers to the amount of reimbursements you have received through CACFP. If you receive money from CACFP participation, it is a reimbursement for money you have **expended** or **expect to spend**.

**The amounts to enter here are the amount of money you received from federal programs (including CACFP) and the amount you expect to receive from federal programs (including CACFP).**

(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) The overlap capacity is the number of extra children you can care for over license capacity.

Field (37) The license number will be a nine-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 (whichever is less) is either Family Support Division (FSD) paid children or children qualified for free and reduced-price meals based on Income Eligibility Forms. If eligibility is based on FSD paid children, check *Title XX For-Profit*. If eligibility is based on the 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)
	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 fields 62-65 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