

Missouri Department of Health and Senior Services
Summer Food Service Program

CNPWeb Information Sheet Update

Instructions

2019

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:

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.

**Welcome to the
Summer Food Service Program
CNPWeb System**

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 (2019).

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
2018	October 1, 2017	September 30, 2018
2019	October 1, 2018	September 30, 2019

Sponsor Summary Page

Select the Applications Tab

↓ Bottom of Form

Sponsor Summary		Test Sponsor (3408)			
Packet	Applications	Activity	Claims	Payments	Users
Form Name		Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet			Add
Site Info Sheet					
3408-1	Test Site 1	No Information Sheet			

↑ 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)		2019	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:	<input type="text"/>	(6) Addr1:	<input type="text"/>
(2) Addr2:	<input type="text"/>	(7) Addr2:	<input type="text"/>
(3) City:	<input type="text"/>	(8) City:	<input type="text"/>
(4) State:	MO <input type="text"/>	(9) State:	MO <input type="text"/>
(5) Zip Code:	<input type="text"/>	(10) Zip Code:	<input type="text"/>
		(11) County:	<input type="text"/>
<input type="checkbox"/> Check here to copy Mailing Address to Street Address			

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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(20) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(13) Title:	<input type="text"/>			(21) Title:	<input type="text"/>		
(14) E-mail:	<input type="text"/>			(22) E-mail:	<input type="text"/>		
(15) Phone:	<input type="text"/>	(16) Ext:	<input type="text"/>	(23) Phone:	<input type="text"/>	(24) Ext:	<input type="text"/>
(17) Fax:	<input type="text"/>	(18) Ext:	<input type="text"/>	(25) Fax:	<input type="text"/>	(26) Ext:	<input type="text"/>
(19) Contact's Address:	Mailing Address <input type="text"/>			(27) Contact's Address:	Mailing Address <input type="text"/>		
<input checked="" type="checkbox"/> Check here to copy Responsible Individual to Food Program Contact							

The Financial Contact is an individual who can answer questions regarding funds and budgets. Please ensure that you have at least two separate individuals as contacts for the program.

Check here to copy Responsible Individual to Food Program Contact

Financial Contact

	First	MI	Last
(28) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(29) Title:	<input type="text"/>		
(30) E-mail:	<input type="text"/>		
(31) Phone:	<input type="text"/>	(32) Ext:	<input type="text"/>
(33) Fax:	<input type="text"/>	(34) Ext:	<input type="text"/>
(35) Contact's Address:	<input type="text"/>		

Check here to copy Responsible Individual to Financial Contact

The General Information Section is where you will document what type of sponsor you are and your meal service information such as your method of meal preparation. If you are utilizing a Food Service Management Company (FSMC), please list the name of the FSMC in the box labeled "Facility Name". Example, "OPAA". If this FSMC serves all of your sites, you do not need to list each building separately.

If you are utilizing a Central Kitchen or a School Vendor, list the name of the location in the box labeled "Facility Name".

If you choose Central Kitchen, be sure to list the sites served by each Central Kitchen in box 41.

[Click here to copy responses manual to financial contact](#)

General Information

(36) Sponsor Type: **Private - Non-Profit**

(37) Application Type:

(38) Is Offer vs Serve (OVS) requested for at one or more sites? Yes No

(39) Method of Meal Preparation: Self Preparation Vended
(If at least one meal or site is vended select "Vended" above)
 (University Food Service is considered vended. Attach a copy of the contract.)

(40) If food is prepared at a vendor, FSMC or Central Kitchen (serving more than 1 site) list the facility name, address and contact information below of each separate facility:

(40-1) Facility Type: Central Kitchen FSMC School Vendor

Facility Name	Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	MO <input type="text"/>	<input type="text"/>
Contact Name	Phone	County		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Click on "Add Lines" to enter additional Food Preparation Facilities

(41) If the sponsor chooses Central Kitchen, please list the sites served by that Central Kitchen:

(42) Yes No Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?

Advances are funds requested prior to service of the meals. These funds are recouped at the time of the claim following the advance. SFSP staff will review the requested amount and approve an amount based on prior meals claimed or projected average daily attendance. Please note that your requested advance amount may not be the approved advance amount.

Advances

(52) Yes No Does the applicant organization elect to receive advance payments?

If **Yes**, which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in the month(s) selected:

	Month (A)	Operating Advance (B)	Requested Amount (C)	Administrative Advance (D)	Requested Amount (E)	
(53)	June 1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
(54)	July 15 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
(55)	August 15 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

Sponsor Information Sheet

You **must** check the Certifications (box 56) 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:

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

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

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.

Sponsor Budget

Budgets for the SFSP are based on the full summer days of operation.

Click on [Add](#) next to Sponsor Budget, complete and press Save.

*Per USDA, all sponsors (including schools) are required to complete a budget.

↓ 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				

↑ Top of Form

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

Post Confirmation

The **Sponsor Budget** 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 Budget Listing or select another option from the menu above.

Click [here](#) to return to Sponsor Summary
 Your Sponsor Summary should now look like this:

↓ 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	No Information Sheet			Add	
55523-2	test site 2	No Information Sheet			Add	

↑ Top of Form

Site Information Sheet

Site Information Sheets are required for each site where a meal service will take place.

If a site will not be operating during the current year, contact the SFSP staff to inactivate the site.

If you have a new meal service site, a paper application will need to be submitted to add that site to the online applications.

Click on [Add](#) next to Site Info Sheet and complete it.

Site Information Sheet

test site 1
(55523-1)

AAA Test Sponsor (55523)
2019 Program Year
Not Submitted to State
New Application

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Street Address (where children are fed)

Site Supervisor

(1) Addr1:

(2) Addr2:

(3) City:

(4) State: (5) Zip Code:

(6) County:

(7) Latitude: 37.964252900

(8) Longitude: -91.831833400

	First	MI	Last
(9) Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10) Title:	<input type="text"/>		
(11) E-mail:	<input type="text"/>		
(12) Phone:	<input type="text"/>	(13) Ext:	<input type="text"/>
(14) Fax:	<input type="text"/>	(15) Ext:	<input type="text"/>

[Google Maps](#)

Rural or Urban? Is this site considered rural or urban based on the USDA Rural Designation Tool found at: <https://www.fns.usda.gov/rural-designation>.

If this tool designates your site as urban, but if you believe you are rural, please contact the SFSP staff for direction.

General Information

(16) Is this site in a Rural or Urban environment

Each sites beginning date and final ending date should be listed. Days not in operation during each month must be listed in box #48. This would include holidays like 4th of July or days closed that would normally be days of operation.

Operating Dates

(33) Begin Date: (34) End Date:

(35) Enter Number of Operating Days for each month operating

Oct: Nov: Dec: Jan: Feb: Mar:

Apr: **May:** **Jun:** **Jul:** **Aug:** **Sep:**

(36) Total Operating Days:

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).

Meal Service	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type S - Self-Prep V - Vended C - Central Kitchen	Begin Time	End Time	Days Meals Served M T W T F S S	Estimated Attendance	Est. # Eligible (Camps Only)	CAP
(37) Breakfast	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Select Vendor, FSMC or Central Kitchen----					
(38) AM Snack	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Select Vendor, FSMC or Central Kitchen----					
(39) Lunch	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	----Select Vendor, FSMC or Central Kitchen----					
(40) PM Snack	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	----Select Vendor, FSMC or Central Kitchen----					
(41) Supper	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	----Select Vendor, FSMC or Central Kitchen----					

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.

Meal Time Waivers are waivers you can request for individual sites if the meal service time is outside of your regularly allowed time. Example, if you have a field trip and the meal service time for that particular day needs to be adjusted.

(44) **Meal Time Waiver** is requested.
(Select this option if operating meal service outside of the standard times allowed.)

(45) Reason for Meal Time Waiver Request:

Check certification box and click save.

Certification

(54) certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

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

[↑ Top of Form](#)

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 [here](#) 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 [here](#) 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, Sponsor Budget Form, and Site Information Sheet (for each site) are all complete and in “Not Submitted to State” status:

↓ 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 the date entered in the date sent column.

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	<input type="text"/>	<input type="text"/>	<input type="text"/>
2		Vendor Input/Direct Deposit Form	<input type="text"/>	<input type="text"/>	<input type="text"/>
3		Policy Statement	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		Food Service Contract	<input type="text"/>	<input type="text"/>	<input type="text"/>
5		Nutritionist Pre-approval Visit	<input type="text"/>	<input type="text"/>	<input type="text"/>
6		Program Services Contract	<input type="text"/>	<input type="text"/>	<input type="text"/>
7		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)	<input type="text"/>	<input type="text"/>	<input type="text"/>
8		Sponsor Training Attendance	<input type="text"/>	<input type="text"/>	<input type="text"/>
9		E-Verify Memorandum of Understanding	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	*	Business Management Assessment (BMA) (must be completed on the DHSS site)	<input type="text"/>	<input type="text"/>	<input type="text"/>
11		DUNS Information	<input type="text"/>	<input type="text"/>	<input type="text"/>

Food Service Contract

All SFSP Sponsors with a Food Service Management Company must submit a copy of their current food service contract and any amendment to that contract.

BMA

All SFSP Sponsors are required to complete the Business Management Assessment (BMA) yearly to be eligible to participate in the program. 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.

Submit

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

Click Save

↓ 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

- 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 and click on "Save" to save. This will put your information into the "Pending Approval" status for the State to review.

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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
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

Status of Information Sheets and Budget should now be *Pending Approval*.

At this point your application has been properly submitted to the state.

↓ Bottom of Form

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
5		Documentation of 501(c)(3) Status			
6		Vendor Input/Direct Deposit Form			
7		Policy Statement			
8		Food Service Contract			
9		Nutritionist Pre-approval Visit			
10		Program Services Contract	3/27/2018	3/27/2018	3/27/2018
11		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)			
12		Sponsor Training Attendance	3/9/2018	3/9/2018	3/9/2018
13		E-Verify Memorandum of Understanding			
14	*	Business Management Assessment (BMA) (must be completed on the DHSS site)		3/5/2018	3/20/2018

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

↑ Top of Form

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 immediately 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.***