Missouri Department of Health & Senior Services

Summer Food Service Program

Online Application Instructions

2022

As of March 1, 2007 the Summer Food Service Program (SFSP) began using an online web-based system – CNPWeb. This guide 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 you have forgotten it, please contact our office at (888) 435-1464.

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

Program Selection

After a successful login, you will see four puzzle pieces. Select the blue SFSP puzzle piece to proceed.

Note: If you participate in the Child and Adult Care Food Program (CACFP), you will access either the SFSP or CACFP systems by choosing the appropriate puzzle piece.

Notification Page

Once you click on the appropriate puzzle piece, you will be directed to the 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**.

Program Year Selection

Choose the appropriate program year.

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
2020	October 1, 2019	September 30, 2020
2021	October 1, 2020	September 30, 2021
2022	October 1, 2021	September 30, 2022

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** to the right of **Sponsor Info Sheet**.

After you click **Add**, the **Sponsor Information Sheet** will open and you will be able to enter the required information.

SFSP Missouri Department of Health & Senior Services

Sponsor Information Sheet

A A A Test Sponsor (3416)

2021-2022 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

(1) Addr1:
(2) Addr2:
(3) City:
(4) State: MO (5) Zip Code:

Street Address

(6) Addr1:
(7) Addr2:
(8) City:
(9) State: MO (10) Zip Code:
(11) County:

☐ 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 (DHSS). This individual has signature authority for the SFSP operations and will be held responsible for any determination of serious deficiency in the operation of the program. The **Food Program Contact** is an individual that can answer questions regarding the day-to-day operations of the program.

Responsible Individual

First MI Last
(12) Name:
(13) Title:
(14) E-mail:
(15) Phone: (16) Ext:
(17) Fax: (18) Ext:
(19) Contact's Address: Mailing Address

Food Program Contact

First MI Last
(20) Name:
(21) Title:
(22) E-mail:
(23) Phone: (24) Ext:
(25) Fax: (26) Ext:
(27) Contact's Address: Mailing Address

☑ Check here to copy Responsible Individual to Food Program Contact

The **Financial Contact** is the individual who will answer questions regarding funding sources and budgets. Please ensure 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:			

(29) Title:

(30) E-mail:

(31) Phone: (32) Ext:

(33) Fax: (34) Ext:

(35) Contact's Address:

☐ Check here to copy Responsible Individual to Financial Contact

The **General Information** section is where you will document what type of sponsor you are along with entering meal service information to include your **Method of Meal Preparation**.

General Information

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

(37) Application Type: School Food Authority

(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:

If you are utilizing a Food Service Management Company (FSMC), please list the name of the FSMC in the box titled **Facility Name.** For example - OPAA. If this FSMC serves all of your sites, you do not need to list each site 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 **Add Lines** to enter additional food preparation facilities.

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

Facility Name	Address	City	State	Zip Code
			MO	

Contact Name	Phone	County

Add Lines 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. DHSS 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. Sponsors that request an advance will receive an email if their advance amount is adjusted.

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 1st	☐	☐		☐	
(54) July 15th	☐	☐		☐	
(55) August 15th	☐	☐			

You must check the **Certifications** (box 56) to submit your **Sponsor Information Sheet** to DHSS for approval. 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

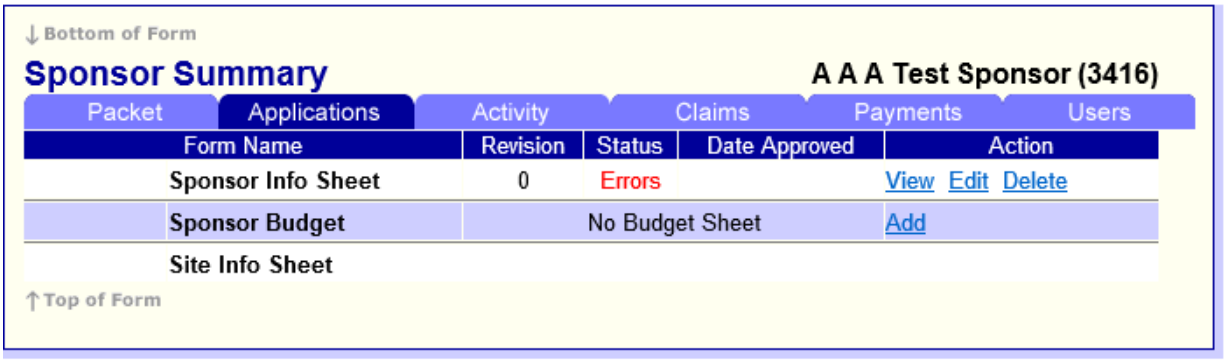
The **Sponsor Information Sheet** was posted to the database with a status of Errors Detected.

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.

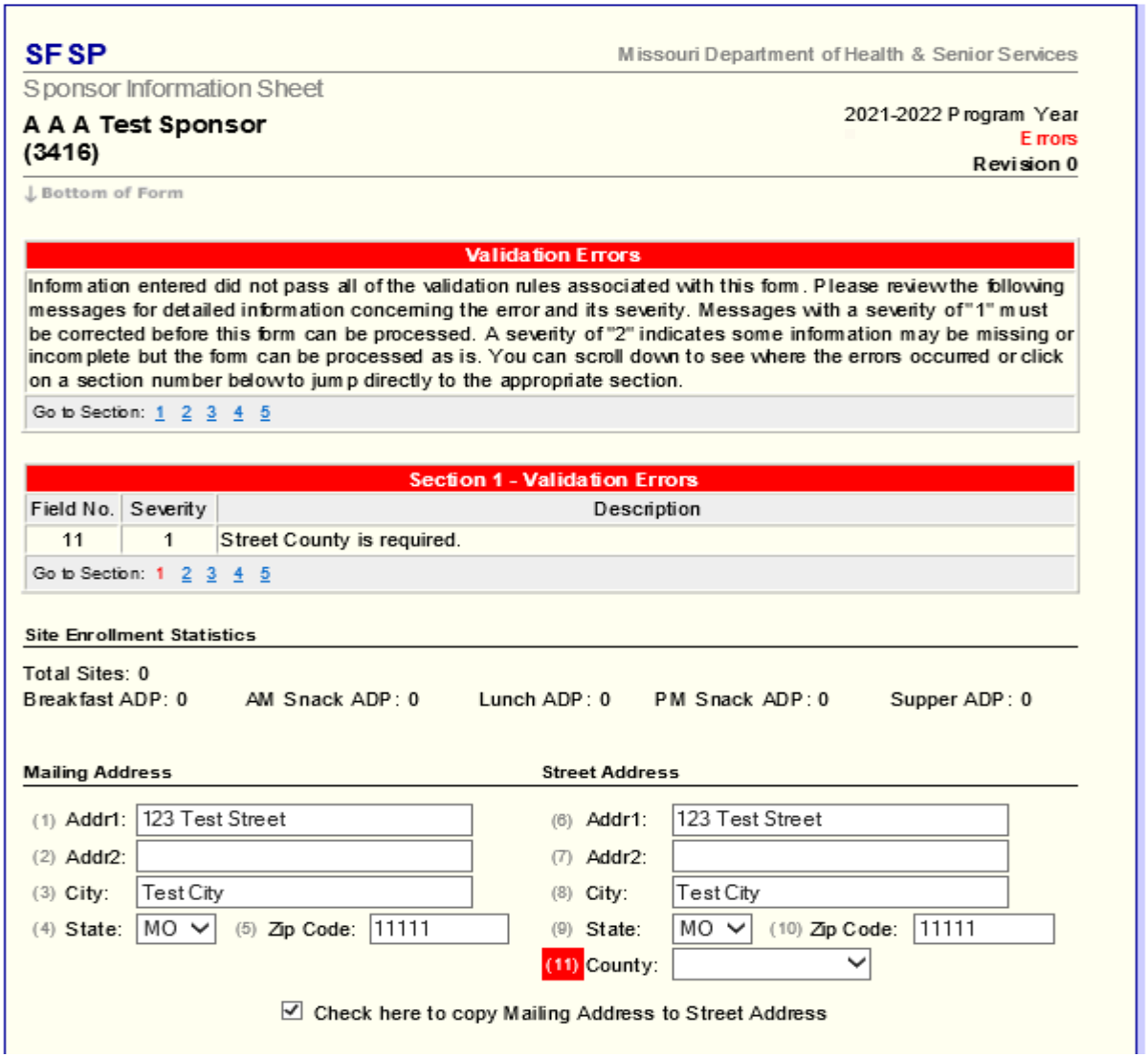
Click here to go to the Sponsor Information Sheet Listing or select another option from the menu above.

If there are errors click **here** which will take you back to the **Sponsor Summary** page.

Click on **Edit** under the **Action** heading to the right of **Sponsor Info Sheet**.

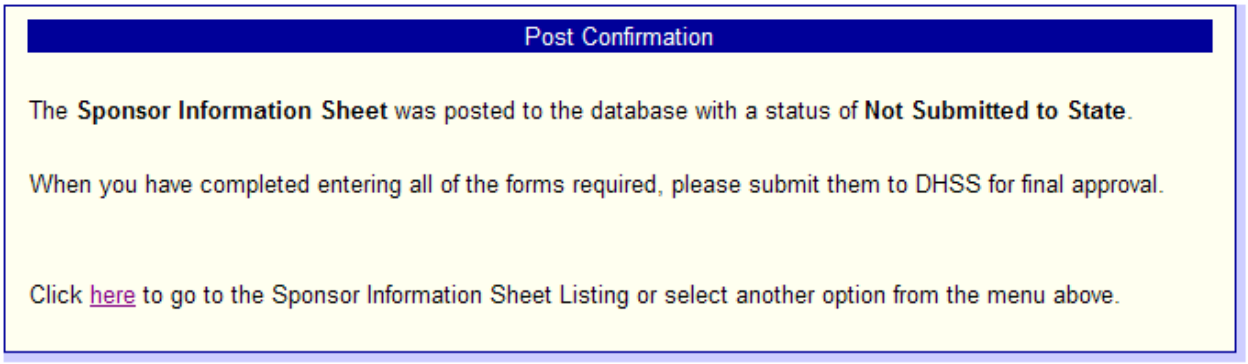


There will be a screen similar to the following, with the errors highlighted.



Review the errors noted in red on the **Sponsor Information Sheet**. Correct the errors on the page, then check the **Certification** box at the bottom and click **Save**.

Next, you will see a **Post Confirmation** message which indicates the **Sponsor Information Sheet** is in **Not Submitted to State** status.



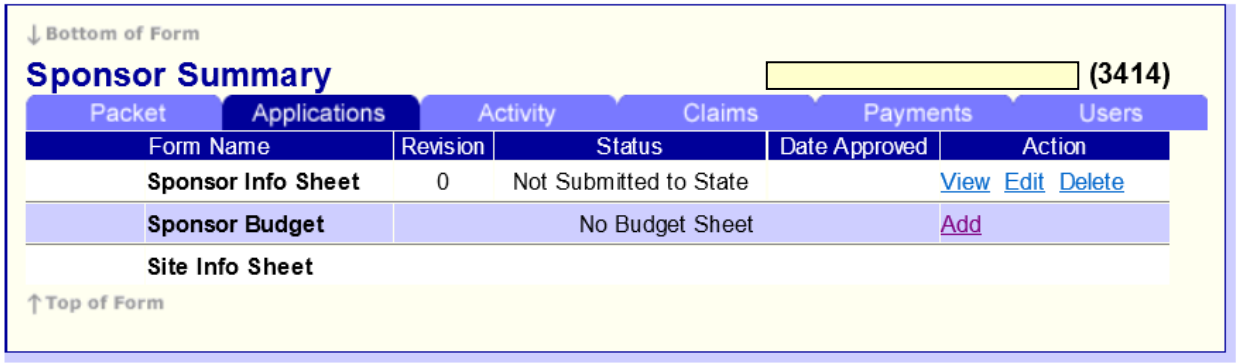
Click **here** to return to the **Sponsor Summary** page. You may now proceed to the **Sponsor Budget.**

Sponsor Budget

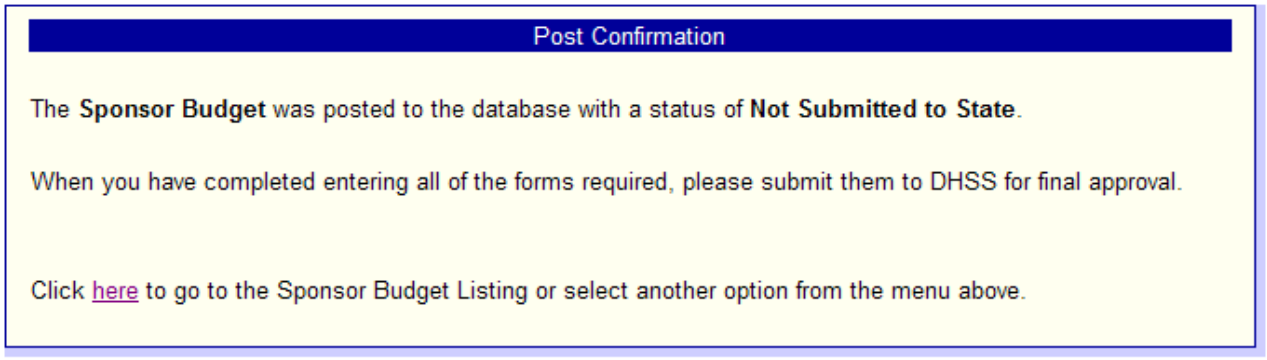
A program's budget for the SFSP should include estimated spending for the entire summer program. The budget includes separate sections for administrative costs and for operational costs. If a staff member's duties include both administrative and operational activities, their summer wages should be included in both sections with the appropriate hours per day spent in that duty category.

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

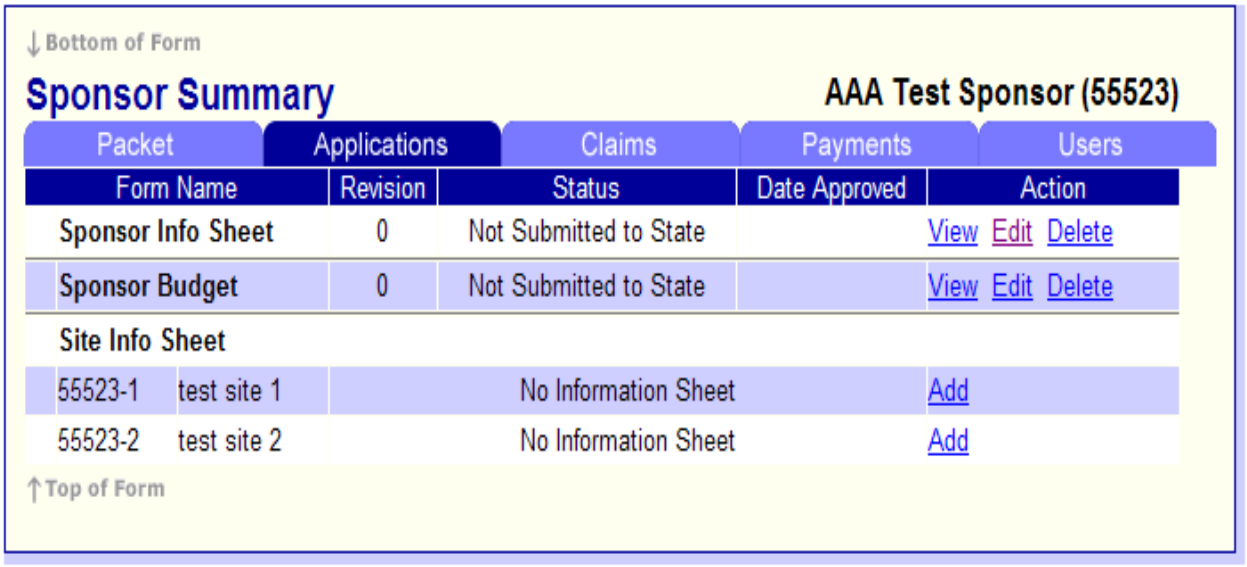
Click **Add** to the right of **Sponsor Budget**, complete the budget, and press **Save**.



If there is a budget error, the error will be highlighted, similar to the **Sponsor Info Sheet.** Return to the **Sponsor Budget**, correct the errors, and click on **Save**. The **Post Confirmation** for the **Sponsor Budget** should indicate a status of **Not Submitted to State**.



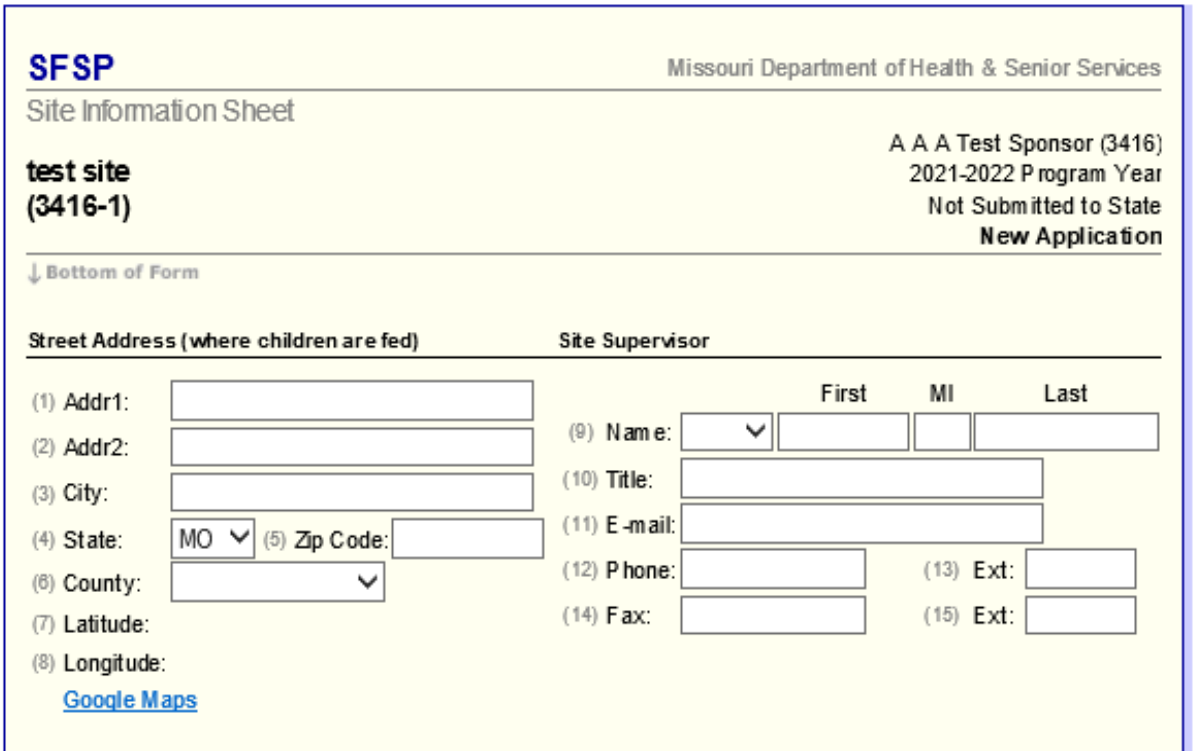
Click **here** to return to the **Sponsor Summary** sheet. Your Sponsor Summary should now look like this:



Site Information Sheets

Site Information Sheets are required for each site where a meal service will take place. Click on **Add** to the right of an individual **Site Info Sheet** and complete the sheet. If a site that was in operation during a previous year will not be operating during the current year, contact DHSS staff (888-435-1464) to inactivate the site.

*Note: If you have a new meal service site, a paper Site Information Sheet will need to be completed and submitted to DHSS to add that site. Paper Site Information Sheets (PDF fillable) can be found at www.health.mo.gov/sfsp on the Applications and Forms webpage.



The **General Information** section is where you will document the type of site it is.

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 you believe your site(s) are **Rural**, please contact the DHSS staff for direction.

The **Operating Dates** section is vitaly important to keep current. Each site's beginning date and final ending date should be listed. The actual number of days the site will be in operation must be listed in the appropriate month.

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:**	

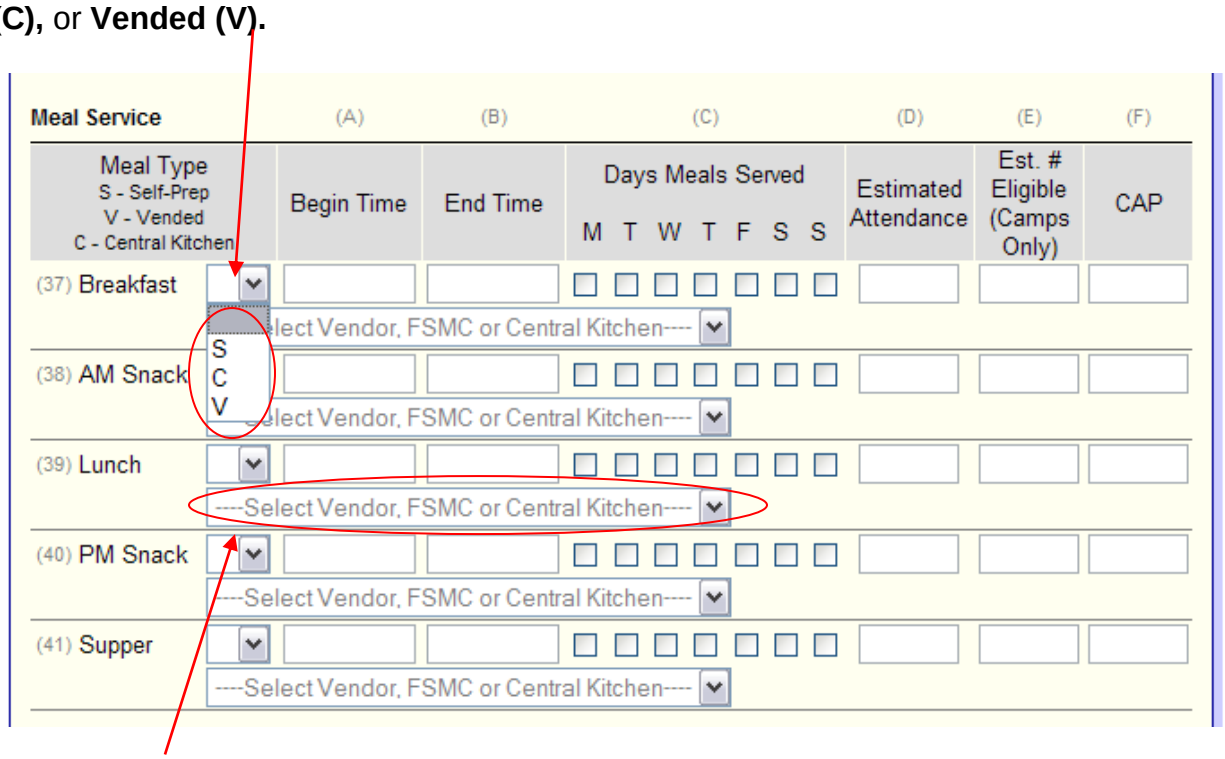
(36) Total Operating Days:

Days not in operation during each month must be listed in box 48. This will include holidays like the 4th of July or days closed that would normally be days of operation. Ensure these days are not included in your operating days for the month.

(48) Please list any Holidays the site will not be serving OR any specific dates during the dates of operation when the site will not be in operation (i.e., July 4 or Every other Friday beginning mm/dd/yyyy):

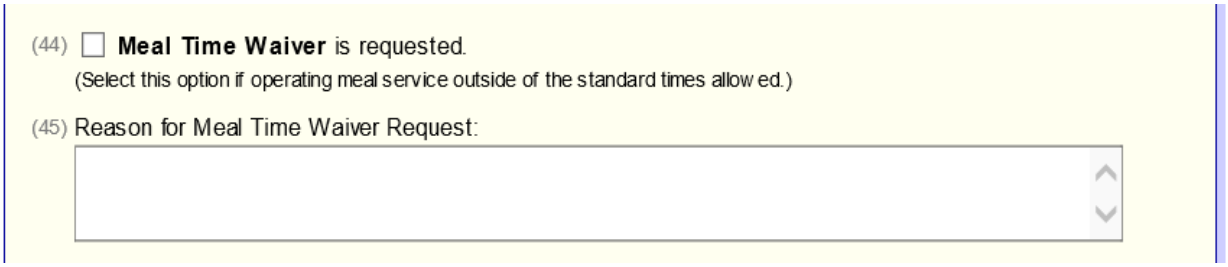
The **Meal Service** section provides information that is specific for the meal service at the site.
For each meal you are serving at your site, you must identify the **Meal Type** and how the meal will be prepared: **Self-Prep**, **Vendor**, **FSMC**, or **Central Kitchen**. This is especially beneficial for those sponsors who may have multiple sources for single sites and those that have multiple sites with differenet food sources.

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

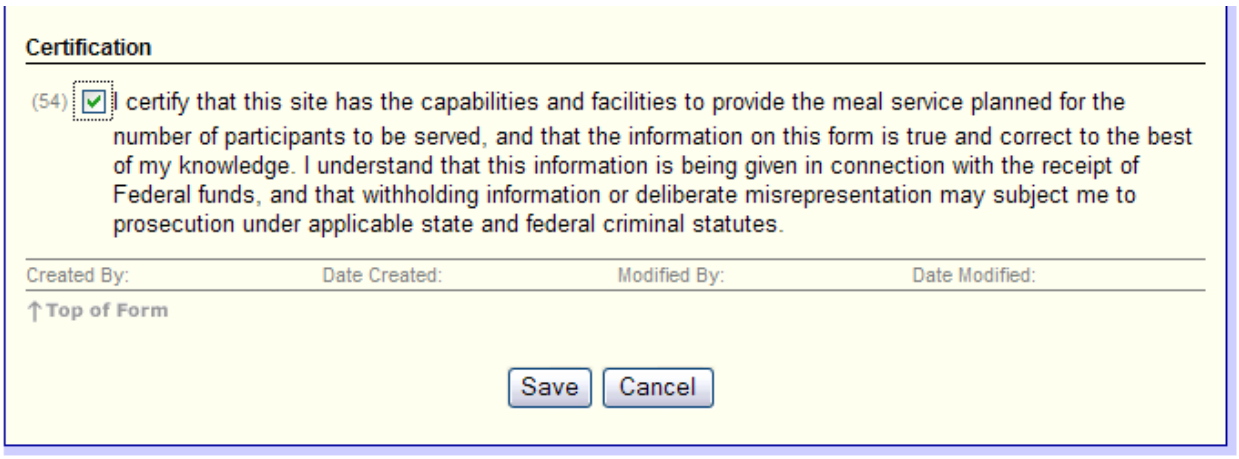


If you selected **Vended** or **Central Kitchen**, you are required to select one of the food sources that you have entered on your **Sponsor Information Sheet**. Select the correct food source from the drop-down list.

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

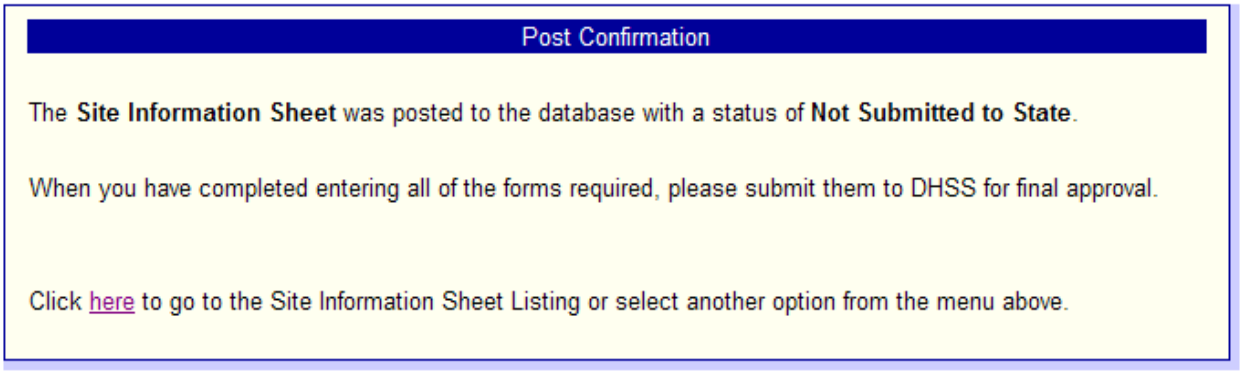


Each site application must be certified. Check the **Certification** box and click **Save**.

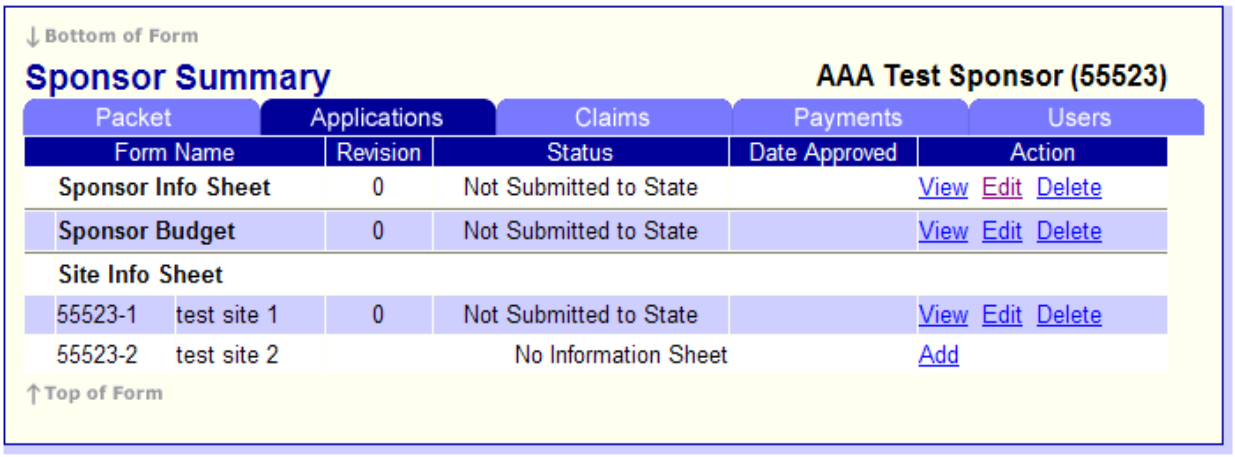


If there is a **Site Info Sheet** error(s), it will be highlighted. Return to the **Site Info Sheet**, correct the errors, and click **Save**.

If there are no errors or if you have corrected all errors, you will see a **Post Confirmation** message that indicates the **Site Information Sheet** is in **Not Submitted to State** status.



Click **here** to return to the **Sponsor Summary** sheet.

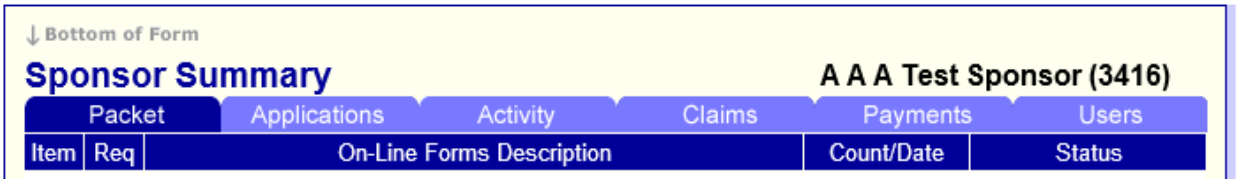


Repeat the above steps for each additional site.

Once the **Sponsor Information Sheet**, the **Sponsor Budget**, and the **Site Info Sheets** for each site have been completed and are in **Not Submitted to State** status, you must update the Packet tab.

Packet tab

From the **Sponsor Summary** page select the **Packet** tab.



Once you select the **Packet** tab you will be able to verify that all on-line forms in the **On-Line Forms Description** section are in **Not Submitted to State** status.

Bottom of Form

Sponsor Summary **A A A Test Sponsor (3416)**

Packet | Applications | Activity | 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	*	Site Information Sheet	1 of 1	Not Submitted to State

Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
4	*	Documentation of 501(c)(3) Status		1/24/2022		
5	*	Vendor Input/Direct Deposit Form		1/24/2022		
6	*	Policy Statement		1/24/2022		
7		Food Service Contract				
8	*	Nutritionist Pre-approval Visit		1/24/2022		
9	*	Program Services Contract		1/24/2022		
10	*	E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)		1/24/2022		
11	*	Sponsor Training Attendance		1/24/2022		
12	*	E-Verify Memorandum of Understanding		1/24/2022		
13	*	Annual Subrecipient Information Form (ASIF) (must be completed on the DHSS site)		1/24/2022		

Click here to Update Dates on Off-Line Forms

Any **Item** with the asterisk (*) beside it must be completed and the date entered in the date sent column. To enter the date for each **Item** with an asterisk (*) in the **Off-Line Forms Description** section, click **here** at the bottom.

Once you click **here**, text boxes will appear for you to enter the dates for each **Item** listed.

Off-line Form Update A A A Test Sponsor (3416)

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	*	Annual Subrecipient Information Form (ASIF) (must be completed on the DHSS site)			

Save Cancel

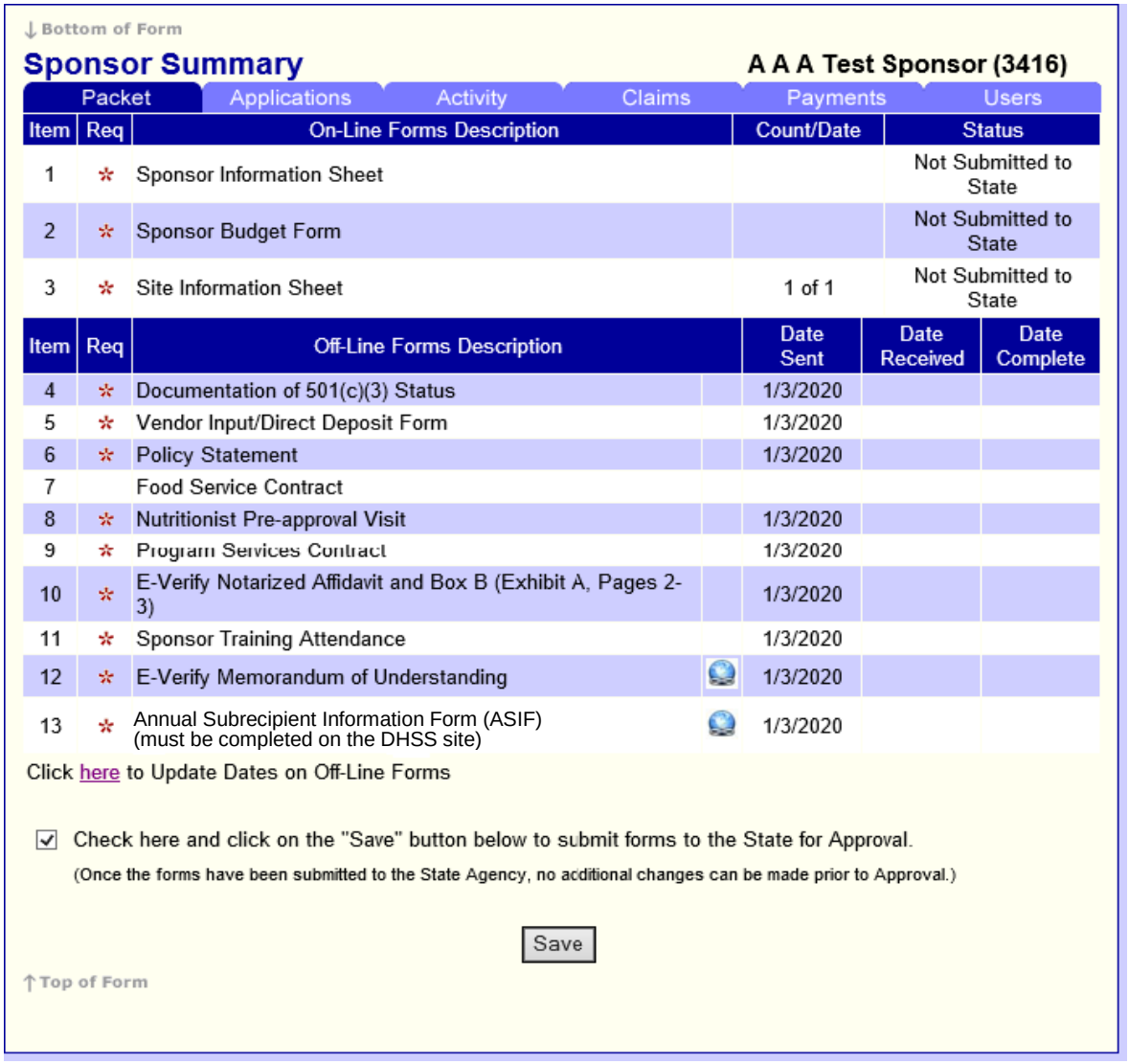
Food Service Contract
All SFSP Sponsors with a Food Service Management Company must submit a copy of their current food service contract and any amendment to that contract.

Annual Subrecipient Information Form (ASIF)
All SFSP Sponsors are required to complete the ASIF annually to be eligible to participate in the program. The form can be accessed on the Department of Health and Senior Services home page at https://health.mo.gov/information/asif/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.

Click **Save**.

Submit



Bottom of Form

Sponsor Summary — **A A A Test Sponsor (3416)**

Packet | Applications | Activity | 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	*	Site Information Sheet	1 of 1	Not Submitted to State

Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
4	*	Documentation of 501(c)(3) Status		1/3/2020		
5	*	Vendor Input/Direct Deposit Form		1/3/2020		
6	*	Policy Statement		1/3/2020		
7		Food Service Contract				
8	*	Nutritionist Pre-approval Visit		1/3/2020		
9	*	Program Services Contract		1/3/2020		
10	*	E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)		1/3/2020		
11	*	Sponsor Training Attendance		1/3/2020		
12	*	E-Verify Memorandum of Understanding		1/3/2020		
13	*	Annual Subrecipient Information Form (ASIF) (must be completed on the DHSS site)		1/3/2020		

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

In order to submit all information to DHSS for review and approval you must check the box at the bottom and click on **Save**. This will submit all information to DHSS and will be indicated with **Pending Approval** listed in the **Status** column. Your application has now been properly submitted to the state for review.

Please check the **Sponsor Summary** page in CNPWeb frequently to review your application status. When the status indicates **Approved**, your application has been approved by DHSS.

Bottom of Form

Sponsor Summary

A A A Test Sponsor (3416)

Packet | Applications | Activity | 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	2/7/2020	Approved
5		Forms Approved by the State	2/7/2020	Approved

Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
6	*	Documentation of 501(c)(3) Status		1/3/2020	1/3/2020	1/3/2020
7	*	Vendor Input/Direct Deposit Form		1/3/2020	1/3/2020	1/3/2020
8	*	Policy Statement		1/3/2020	1/3/2020	1/3/2020
9		Food Service Contract				
10	*	Nutritionist Pre-approval Visit		1/3/2020	1/3/2020	1/3/2020
11	*	Program Services Contract		1/3/2020	1/3/2020	1/3/2020
12	*	E-Verify Notarized Afidavit and Box B (Exhibit A, Pages 2-3)		1/3/2020	1/3/2020	1/3/2020
13	*	Sponsor Training Attendance		1/3/2020	1/3/2020	1/3/2020
14	*	E-Verify Memorandum of Understanding		1/3/2020	1/3/2020	1/3/2020
15	*	Annual Subrecipient Information Form (ASIF) (must be completed on the DHSS site)		1/3/2020	1/3/2020	1/3/2020

Click here to Update Dates on Off-Line Forms

Top of Form

Please note that your application is not complete and will not be approved until all required **Items** indicated with an asterisk have been received by DHSS.

Tips for Navigating the Web-Based System

1. Do not use Internet Explorer's **Back** button. Use the menu in CNPWeb in the blue section at 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 **Site Info Sheet** or a claim, even if it has errors, it is saved on the server and will be there if you need to logoff and come back to complete at a later time.
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 the **Enter** key. If you do, the **Site Info Sheet** or the claim will submit in an error status.
4. If you are in **View** mode, changes will not be saved. If you want to make changes, make sure you click on **Edit** or **Revise**.
5. Claim revisions are filed after the original claim or a 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 DHSS staff immediately if an individual with access to CNPWeb is leaving your organization. Their access to the system will be revoked.
3. Submit a Network User Access Request form to request CNPWeb access for new employees. This form can be found at www.health.mo.gov/sfsp under Applications and Forms.
4. **User IDs and passwords are assigned to individuals only and may not be shared.**