

Missouri Department of Health and Senior Services  
Summer Food Service Program

# CNPWeb Information Sheet Update

## Instructions

2018

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

## Basic Application Procedures

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



## Missouri Department of Health & Senior Services

Community Food and Nutrition Assistance

Please Enter

User ID:

Password:

Login

## Program Selection

- After a successful login, you will see four puzzle pieces. Select the blue Summer Food Service Program piece.

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



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

[Exit Web Site](#)

## Notification Page

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

**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 (201).

Program Year Selection		
Program Year	Program Begin Date	Program End Date
<a href="#">2007</a>	October 1, 2006	September 30, 2007
<a href="#">2008</a>	October 1, 2007	September 30, 2008
<a href="#">2009</a>	October 1, 2008	September 30, 2009
<a href="#">2010</a>	October 1, 2009	September 30, 2010
<a href="#">2011</a>	October 1, 2010	September 30, 2011
<a href="#">2012</a>	October 1, 2011	September 30, 2012
<a href="#">2013</a>	October 1, 2012	September 30, 2013
<a href="#">2014</a>	October 1, 2013	September 30, 2014
<a href="#">2015</a>	October 1, 2014	September 30, 2015
<a href="#">2016</a>	October 1, 2015	September 30, 2016
<a href="#">2017</a>	October 1, 2016	September 30, 2017
<a href="#">2018</a>	October 1, 2017	September 30, 2018

## Sponsor Summary Page

Select the Applications Tab

↓ Bottom of Form

Sponsor Summary		AAA Test Sponsor (55523)			
Packet	Applications	Activity	Claims	Payments	Users
Form Name		Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet			<a href="#">Add</a>
Business Management Assessment		No Business Management Assessment			
Site Info Sheet					
55523-1	test site 1	No Information Sheet		<a href="#">Add</a>	
55523-2	test site 2	No Information Sheet		<a href="#">Add</a>	

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# Sponsor Information Sheet

- Click on Add next to Sponsor Information Sheet and complete

<b>SFSP</b>		Missouri Department of Health & Senior Services	
Sponsor Information Sheet			
<b>A A A Test Sponsor (5523)</b>		2018	Program Year
		Not Submitted to State	
		<b>New Application</b>	
↓ Bottom of Form			
<b>Site Enrollment Statistics</b>			
Total Sites: 0			
Breakfast ADP: 0	AM Snack ADP: 0	Lunch ADP: 0	PM Snack ADP: 0
Supper ADP: 0			
<b>Mailing Address</b>		<b>Street Address</b>	
(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			

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

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

<b>Responsible Individual</b>			<b>Food Program Contact</b>				
	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							

## Sponsor Information Sheet

(Continued)

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

**Certification**

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

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

(57) General Comments:

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**Internal Use Only**

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

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

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

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

(62) Comments:

(63) Approval Date: **Approve via Packet**

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

[↑ Top of Form](#)

- 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		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
Sponsor Budget	No Budget Sheet			<a href="#">Add</a>
Site Info Sheet				

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

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

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Sponsor Information Sheet
2018 Program Year

**AAA Test Sponsor  
(55523)**
Errors

Revision 0

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↓ Bottom of Form

**Validation Errors**

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

Go to Section: [1](#) [4](#)

**Section 1 - Validation Errors**

Field No.	Severity	Description
11	1	Street County is required.

Go to Section: [1](#) [4](#)

---

**Site Enrollment Statistics**

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

---

**Mailing Address**

(1) Addr1:

(2) Addr2:

(3) City:

(4) State:  (5) Zip Code:

**Street Address**

(6) Addr1:

(7) Addr2:

(8) City:

(9) State:  (10) Zip Code:

(11) County:

Check here to copy Mailing Address to Street Address

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

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

**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

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

*NOTE: Public Schools are now exempt from entering 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		<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>	
Site Info Sheet					

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- 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			<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>Site Info Sheet</b>						
55523-1	test site 1	No Information Sheet			<a href="#">Add</a>	
55523-2	test site 2	No Information Sheet			<a href="#">Add</a>	

↑ Top of Form

## Site Information Sheet

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

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

Site Information Sheet

**test site 1** AAA Test Sponsor (55523)  
**(55523-1)** 2018 Program Year  
Not Submitted to State  
**New Application**

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<b>Street Address (where children are fed)</b>		<b>Site Supervisor</b>		
(1) Addr1:	<input type="text"/>	(9) Name:	<input type="text"/>	<input type="text"/>
(2) Addr2:	<input type="text"/>		First	MI
(3) City:	<input type="text"/>		Last	
(4) State:	MO <input type="text"/>	(10) Title:	<input type="text"/>	
(5) Zip Code:	<input type="text"/>	(11) E-mail:	<input type="text"/>	
(6) County:	<input type="text"/>	(12) Phone:	<input type="text"/>	(13) Ext: <input type="text"/>
(7) Latitude:	37.964252900	(14) Fax:	<input type="text"/>	(15) Ext: <input type="text"/>
(8) Longitude:	-91.831833400			

[Google Maps](#)

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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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.
- 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		<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>Site Info Sheet</b>					
55523-1	test site 1	0	Not Submitted to State		<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>
55523-2	test site 2		No Information Sheet		<a href="#">Add</a>

↑ Top of Form

# Packet

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

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## Sponsor Summary

Packet		Applications	Activity	Claims	Payments	Users	
Item	Req	On-Line Forms Description			Count/Date	Status	
1	*	Sponsor Information Sheet				Not Submitted to State	
2	*	Site Information Sheet			1 of 1	Not Submitted to State	
Item	Req	Off-Line Forms Description			Date Sent	Date Received	Date Complete
3		Documentation of 501(c)(3) Status					
4		Vendor Input/Direct Deposit Form					
5		Policy Statement					
6		Food Service Contract					
7		Nutritionist Pre-approval Visit					
8		Program Services Contract					
9		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)					
10		Sponsor Training Attendance					
11		E-Verify Memorandum of Understanding					
12	*	Business Management Assessment (BMA) (must be completed on the DHSS site)				3/1/2016	
13		DUNS Information					

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

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

Off-line Form Update		Board of Education of the City of St Louis (2242)			
Item	Req	Form Description	Date Sent	Date Received	Date Complete
1		Documentation of 501(c)(3) Status	<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"/>

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

### BMA

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








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

For complete instructions go to the [DHSS Contractor Resources Page](#).

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## Sponsor Summary

Board of Education of the City of St Louis (2242)

Packet		Applications	Activity	Claims	Payments	Users	
Item	Req	On-Line Forms Description			Count/Date	Status	
1	*	Sponsor Information Sheet				Not Submitted to State	
2	*	Site Information Sheet			1 of 1	Not Submitted to State	
Item	Req	Off-Line Forms Description			Date Sent	Date Received	Date Complete
3		Documentation of 501(c)(3) Status					
4		Vendor Input/Direct Deposit Form					
5		Policy Statement					
6		Food Service Contract					
7		Nutritionist Pre-approval Visit					
8		Program Services Contract					
9		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)					
10		Sponsor Training Attendance					
11		E-Verify Memorandum of Understanding					
12	*	Business Management Assessment (BMA) (must be completed on the DHSS site)				3/1/2016	
13		DUNS Information					

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

- Check here and click on the "Save" button below to submit forms to the State for Approval.  
(Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

Save

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

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

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

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

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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			Approved	
2	*	Sponsor Budget Form			Approved	
3	*	Site Information Sheet			Approved	
4		Forms Submitted to State for Approval		2/9/2011	Approved	
5		Forms Approved by the State		2/9/2011	Approved	
Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
6	*	Geographical Boundary Map		3/1/2011	3/5/2011	3/5/2011
7		Documentation of 501(c)(3) Status				
8	*	Food Service Contract		3/1/2011	3/5/2011	3/5/2011
9		Enrollment Form				
10		Contract				
11	*	Notarized Affidavit		3/1/2011	3/5/2011	3/5/2011
12		Business Entity Certification				
13	*	E-Verify Memorandum of Understanding		3/1/2011	3/5/2011	3/5/2011
14	*	Nutritionist Pre-approval Visit		3/1/2011	3/5/2011	3/5/2011
15	*	New Sponsor Training Attendance		3/1/2011	3/5/2011	3/5/2011
16	*	Policy Statement		3/1/2011	3/5/2011	3/5/2011
17	*	Direct Deposit Form		3/1/2011	3/5/2011	3/5/2011
18	*	Vendor Input Form		3/1/2011	3/5/2011	3/5/2011

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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.***