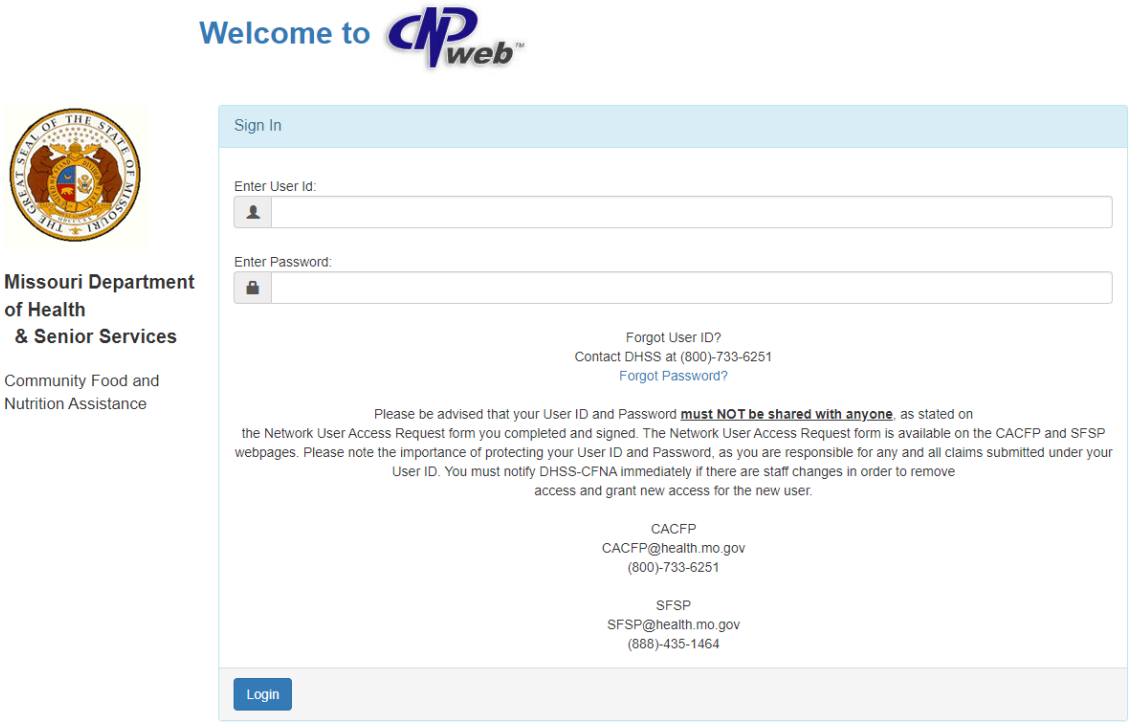
Missouri Department of Health & Senior Services

Summer Food Service Program

Online Application Renewal Instructions

Basic Application Procedures

1) Access the system by typing the URL (https://mo.cnpus.com/cnp/Login) into the address line of your web browser.
2) Enter your assigned user ID.
3) Enter your password.
4) Select Login.



First Time Logging In?

If this is your first time logging in to CNPWeb, the system will automatically require you to change your password.

Forgot Your User ID?

If you have forgotten your CNPWeb user ID, contact DHSS-SFSP at (888) 435-1464).

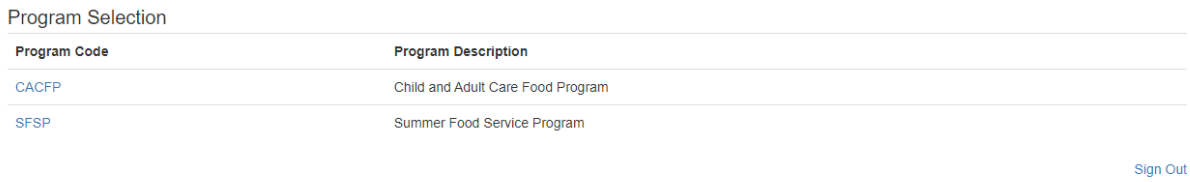
Forgot Your Password?

If you have forgotten your CNPWeb password, there is a “Forgot Password” link on the login page. You will be asked to submit your user ID, and a temporary password will be sent to the email address associated with your CNPWeb account. If the “Forgot Password” link does not work, you can contact DHSS-SFSP at (888) 435-1464) for assistance.

Program Selection

After a successful login, you will see the Program Selection Page. Select the SFSP Program Code 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 Program Code.



Notification Page

Once you click on the appropriate Program Code, 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 **Next Page**.



Program Year Selection

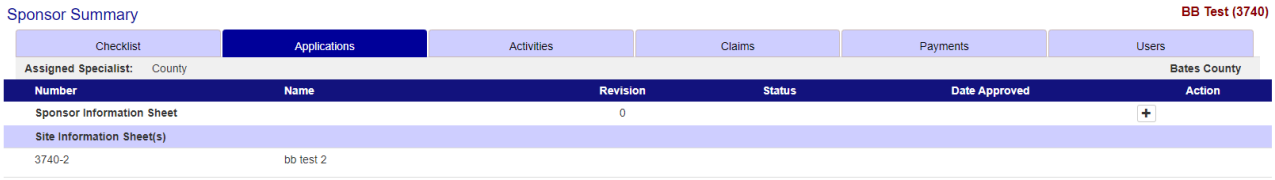
Choose the appropriate program year. Please note that the Federal Fiscal year for SFPS runs from October 1st to September 30th.

Program Year Selection

Program Year	Program Begin Date	Program End Date
2026	October 1, 2025	September 30, 2026
2025	October 1, 2024	September 30, 2025
2024	October 1, 2023	September 30, 2024
2023	October 1, 2022	September 30, 2023
2022	October 1, 2021	September 30, 2022
2021	October 1, 2020	September 30, 2021
2020	October 1, 2019	September 30, 2020
2019	October 1, 2018	September 30, 2019
2018	October 1, 2017	September 30, 2018
2017	October 1, 2016	September 30, 2017

Sponsor Summary page

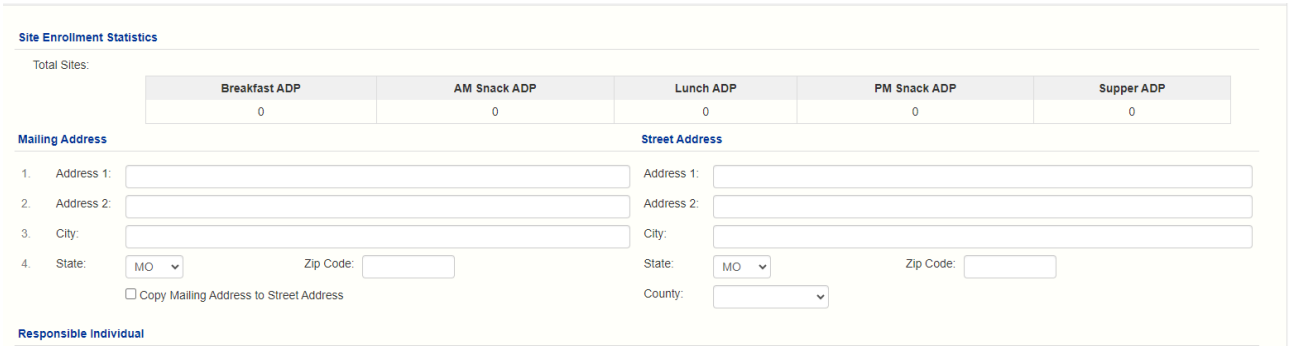
Select the **Applications** tab.



Sponsor Information Sheet

Click on **"+"** to the right of **Sponsor Information Sheet** under **Action**.

After you click **"+"**, the **Sponsor Information Sheet** will open and you will be able to enter the required information**. *Renewals** – some of the information will carry over. Please verify that all the information that carried over is correct.



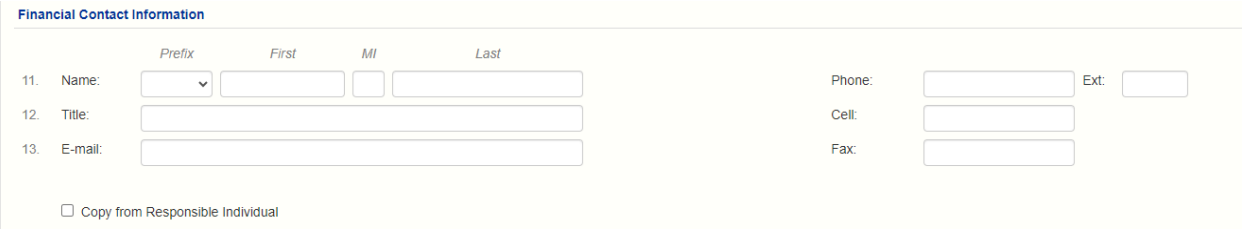
The **Responsible Individual** is an individual who has final administrative and financial responsibility for operating the federal program under agreement with the Missouri Department of Health and Senior Services (DHSS). This individual has signature authority for the SFSP operations and will be held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



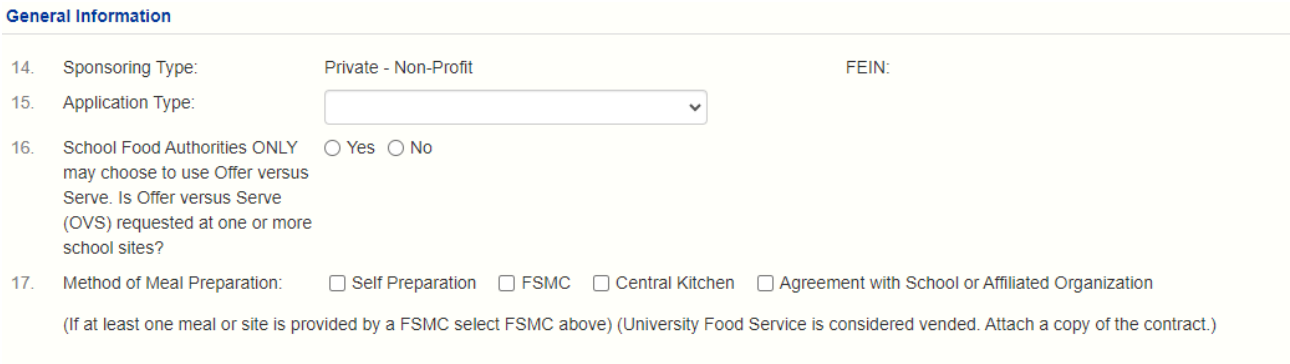
The **Food Program Contact** is an individual that can answer questions regarding the day-to-day operations of the program.
(Note: If meal times at each site are the same, a different Food Program Contact is needed for each individual food service location. This individual cannot be listed in the Management Plan as the Monitor.)



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.



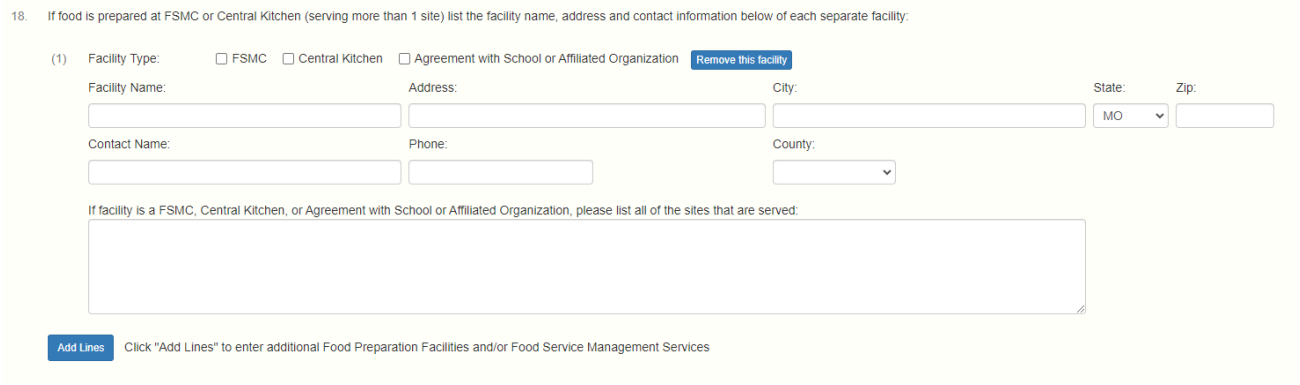
The **General Information** section is where you will document what type of sponsor you are along with entering meal service information to include your **Method of Meal Preparation**.



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, just enter “serves all the sites.”

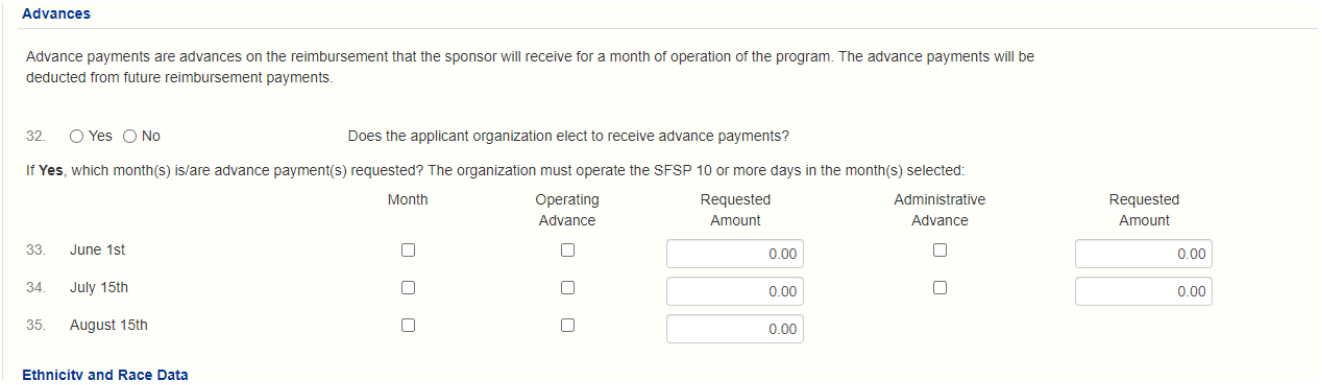
If you are utilizing a Central Kitchen or a School Vendor, list the name of the location in the box labeled **Facility Name**.

If the facility type is FSMC, Central Kitchen, or Agreement with School or Affiliated Organization be sure to list the sites served by each Facility Type under #18. Click **Add Lines** to enter additional food preparation facilities.



***Please continue to complete the rest of the questions under the General Information Section.**

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.

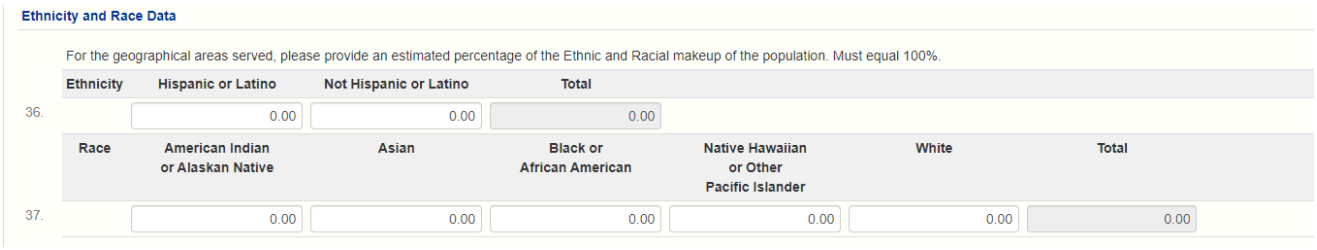


Ethnicity and Race Data

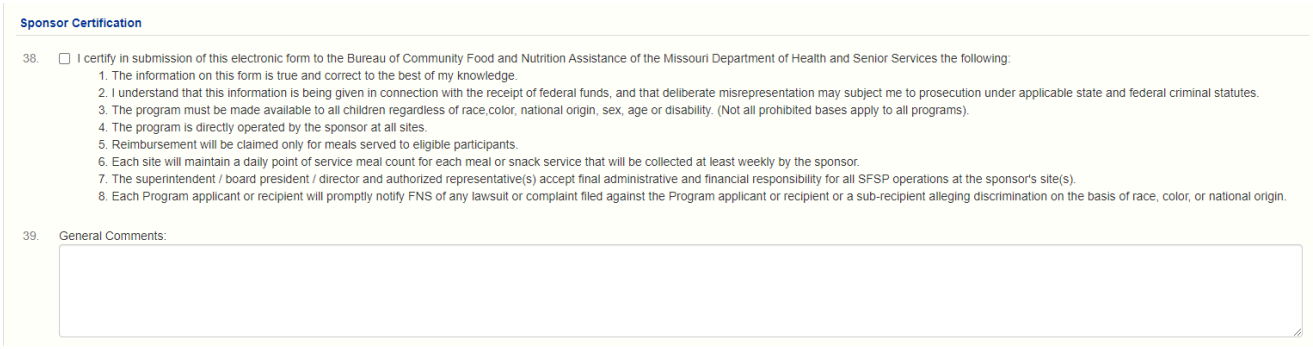
Sponsors are required to collect ethnicity and race data once a year for the SFSP. This section is where you provide an estimated percentage of the Ethnic and Racial makeup of the population you will serve.

The data must come from self-identification and self-reporting. If an SFSP site has no other way to collect this data, they may use in the Beneficiary Data Survey at this link: https://health.mo.gov/living/dnhs_pdfs/580-2464s(8-2022).pdf to gather the required ethnic and racial data. If this is your first year

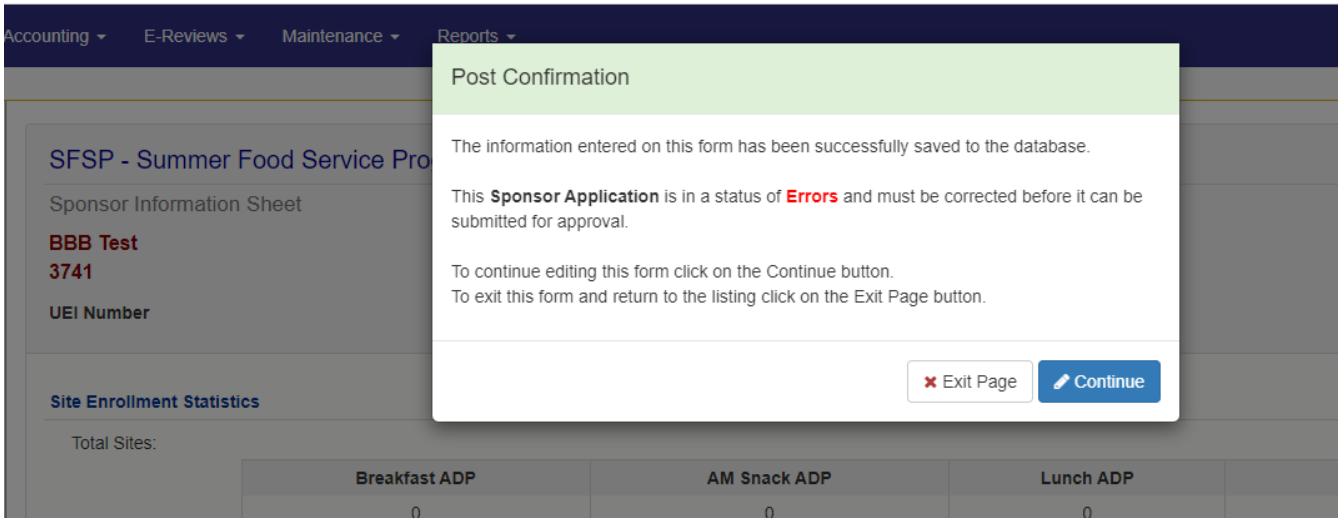
In the application, line 36 should equal 100% and line 37 should equal 100%. Once you click save it will automatically total.



You must check the **Certifications** (box 56) to submit your **Sponsor Information Sheet** to DHSS for approval. After checking that box, click **Save**.

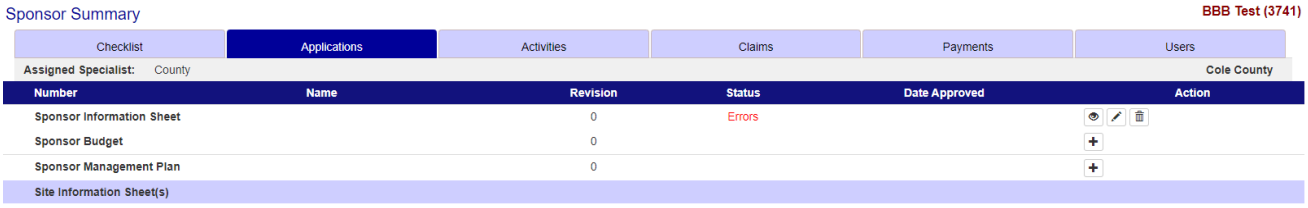


If there are sponsor application errors, an error message will be generated with the error(s) highlighted.

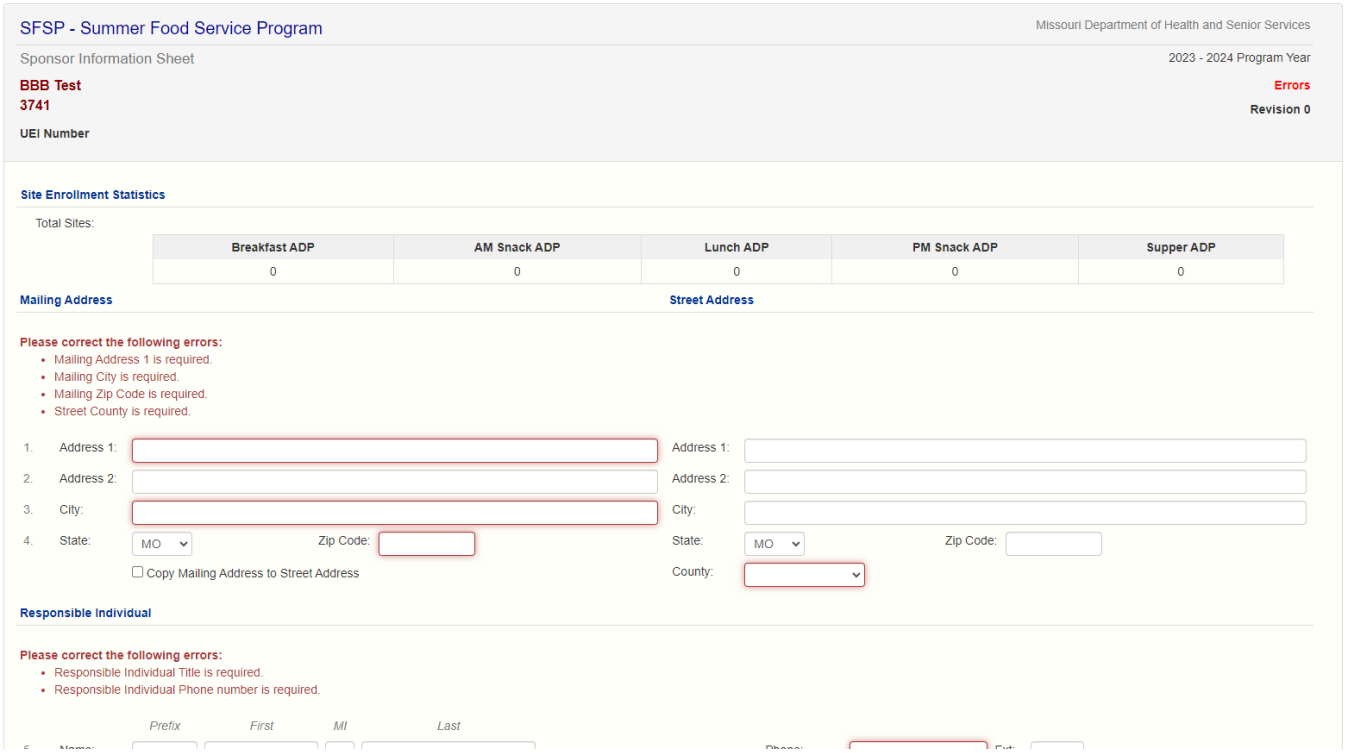


If there are errors click **Continue** which will take you back to the Sponsor Information Sheet and the errors will be listed in each section and will be highlighted in red showing you what will need to be completed or corrected.

If you have exited out of the page, it will take you back to the Sponsor Summary. From here you can click on the **Pencil** under the **Action** heading to the right of **Sponsor Information Sheet**.

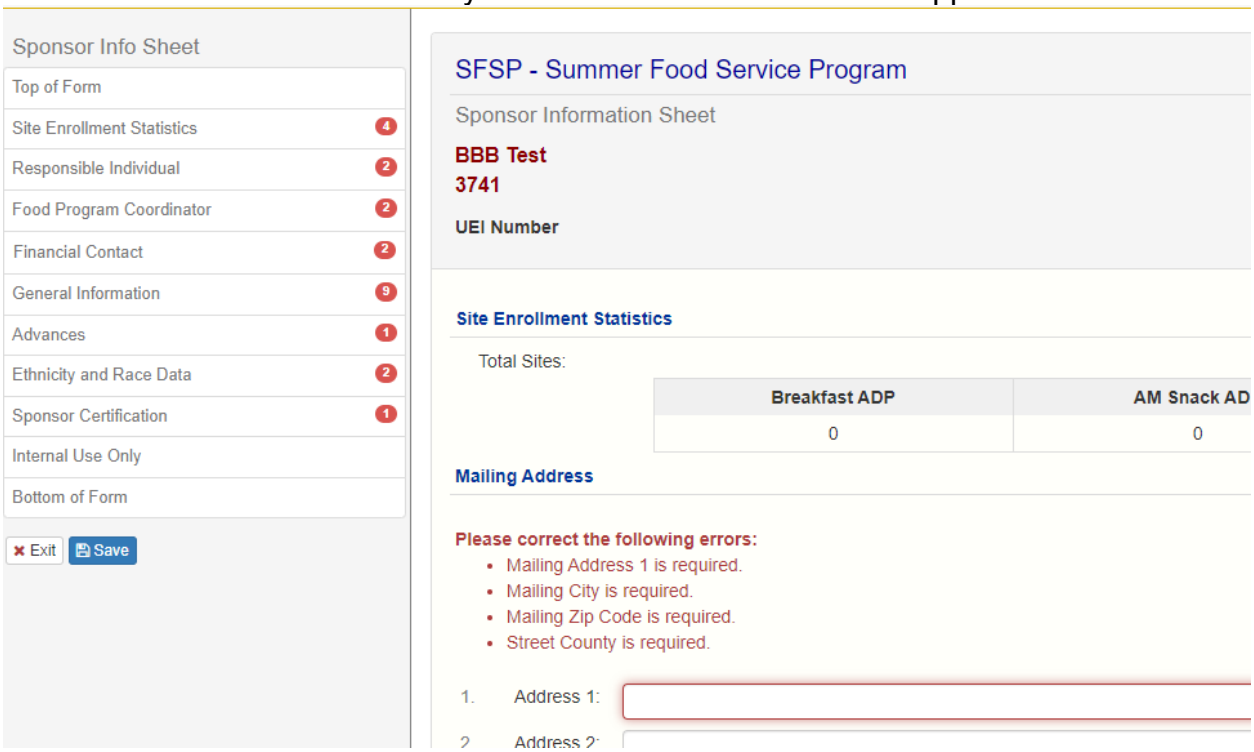


There will be a screen similar to the following, with the errors highlighted.

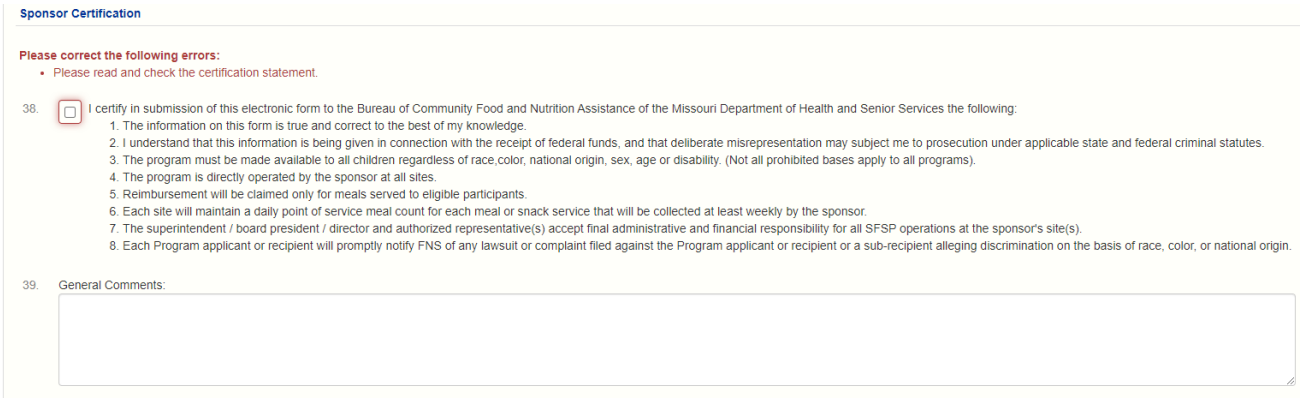


On the side of the screen there is an area where it will tell you the section and how many errors are in that section. You can click on the number and the system will take you to the errors that will need to be corrected. Once the error(s) have been corrected you can click on the Save button and it will save your information.

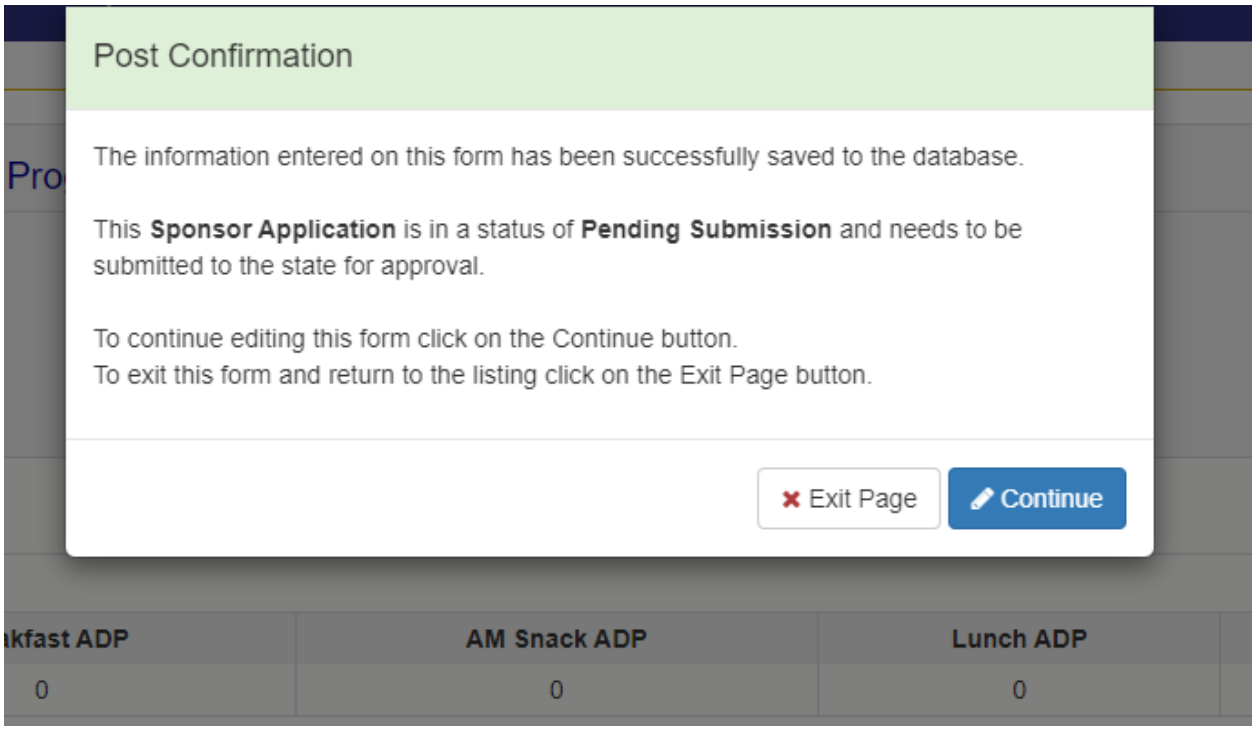
*Please note this does not submit your information to the state for approval.



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 **Pending Submission** status.



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

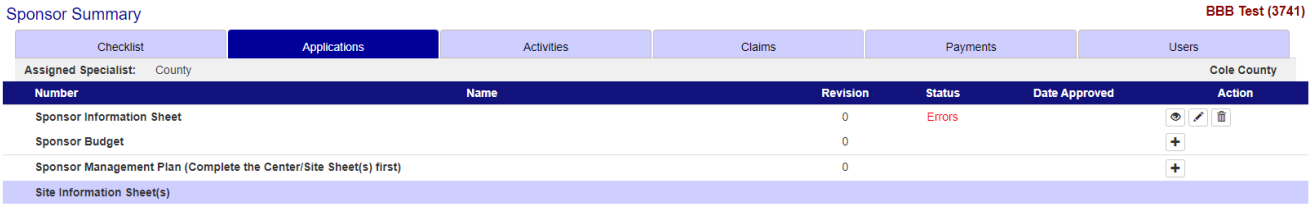
Sponsor Budget

A program's budget for the SFSP should include estimated spending for the entire summer program. When entering the information for salaries and estimated costs, you must consider the number of operating days for the summer and include the cost for all operating days for each individual staff member.

The budget is separated into Administrative Costs and Operational Costs.
- Administrative Costs and Administrative Staff are those costs/staff that involve the office work and paperwork needed to run the program.
- Operational Costs and Operational Staff are those costs/staff directly related to the preparation and service of the meal – including the costs of the food or the Food Service Management Company (FSMC) contract.

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.

Click on the **"+"** to the right of **Sponsor Budget** under **Action.**



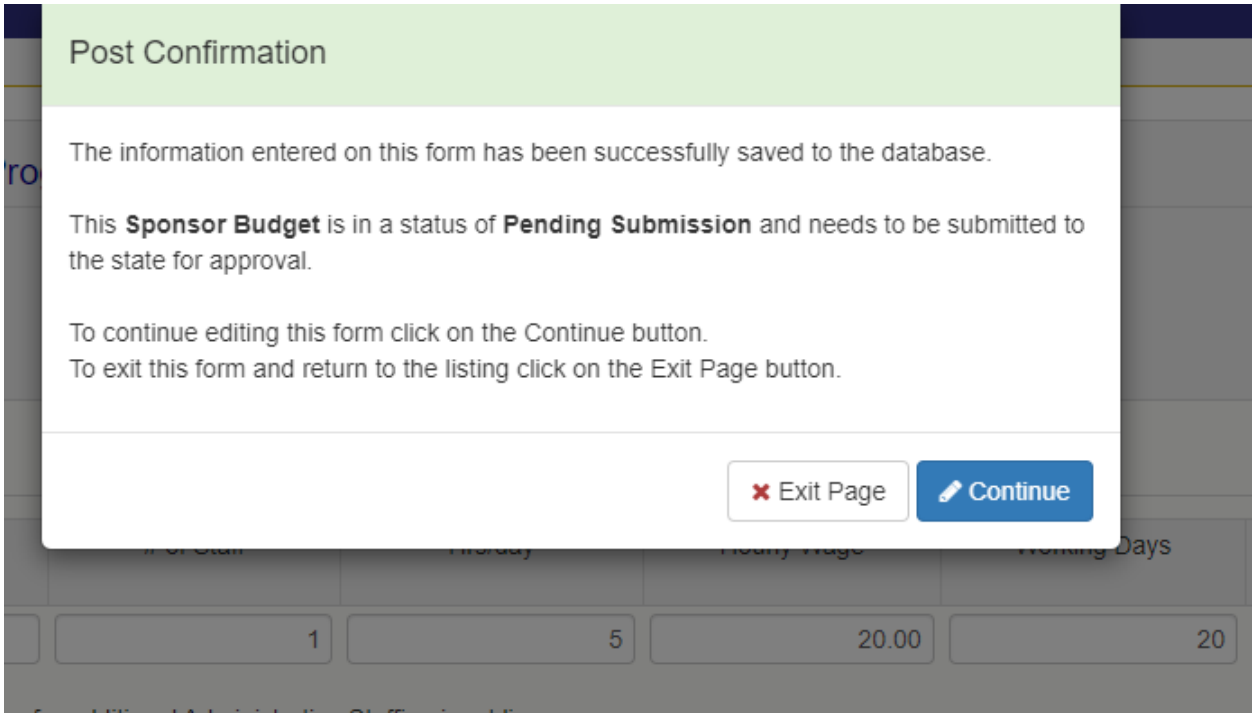
The budget costs must be reasonable and allowable costs. If a cost is not requested on the budget, the SFSP funds cannot be used for that cost.

Some Sponsoring Organizations utilize Indirect Costs. Indirect Costs are costs that are not directly related to the meal service but are costs shared by more than one program. If your organization budget includes indirect costs, a Cost Allocation Plan must be submitted that shows how the funds are allocated between the other programs the sponsor operates.

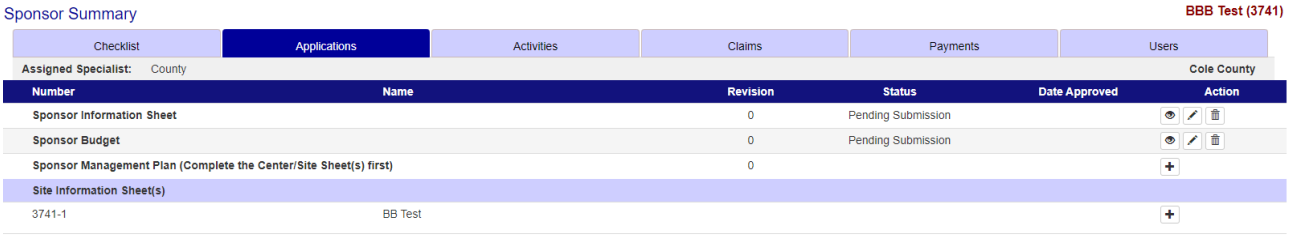
*Per USDA, all sponsors (including schools) are required to complete a budget.

Once the budget is complete and includes all estimated costs that you expect to spend, press **Save**.

If there is a budget error, the error will be highlighted, similar to the **Sponsor Information 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 **Pending Submission.**



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



You must now proceed to Site Information Sheets.

Site Information Sheets

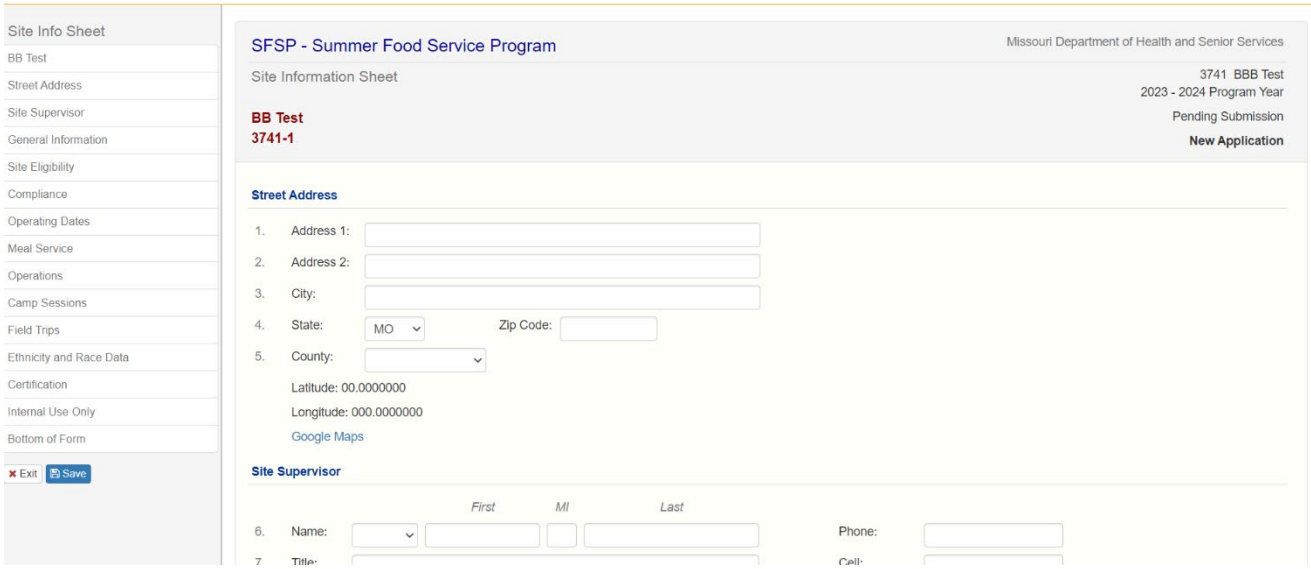
***Renewals** – some of the information will carry over. Please verify that all the information that carried over is correct.

Site Information Sheets are required for each site where a meal service will take place. Click on **"+"** sign to the right of an individual **Site Info Sheet** and complete the sheet.

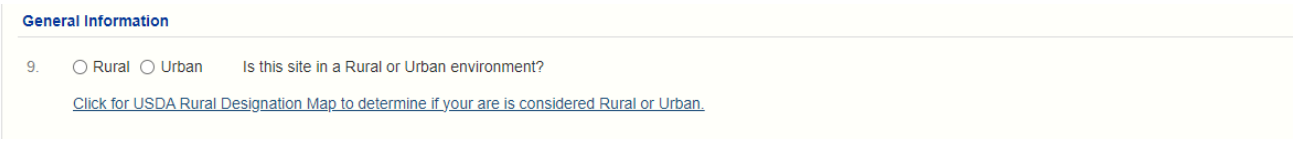
*If a site that was in operation during a previous year will not be operating during the current year, contact DHSS staff by calling (888-435-1464) or emailing (SFSP@health.mo.gov) to inactivate the site.

*If you are eligible to serve non-congregate meals, the non-congregate meals will need to be a separate site from the congregate meals. Please contact DHSS staff by calling (888-435-1464) or emailing (SFSP@health.mo.gov).

*Note: If you have a new meal service site, you must submit an SFSP Site Eligibility Questionnaire. That form is available at: http://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/forms.phpv. An SFSP Site Eligibility Questionnaire must be submitted so that our office can determine if the site is eligible. Once that determination is made, the SFSP staff will open the site application in the CNPWeb Online Application system, and you will be able to enter the site application online and put it in pending approval. You will then email DHSS staff letting them know it is in pending approval and attach any documentation needed for approval of that site location. Please contact DHSS staff by calling (888-435-1464) or emailing (SFSP@health.mo.gov).



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 office staff for direction.

Site Eligibility – This section is where you indicate what type of site you will operate and how it is eligible for the program.

Open Sites must be eligible based on Free/Reduced School Data or Census Data. (Please note: If you wish to have an Open Restricted site, choose Open Site and add a comment in the comment section stating – Open Restricted requested and note why it is needed.)

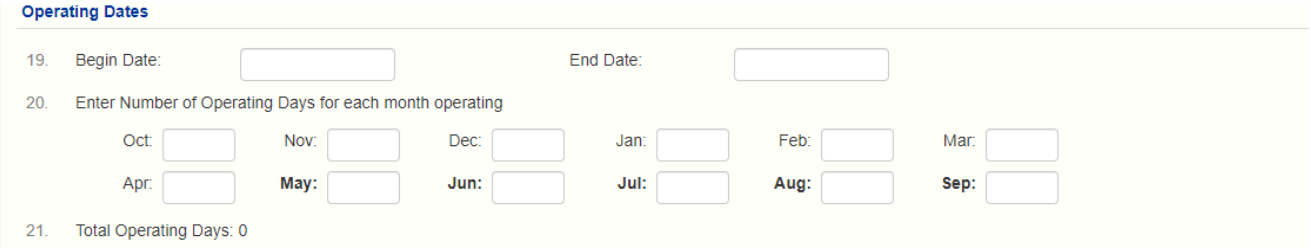
Migrant Sites must include documentation to show the migrant site status.

Closed Enrolled Sites must be eligible by either School Data/Census Data or by the collection of Income Eligiblity Forms from each family and having 50% or more children qualify. Enrolled Sites must have enrollment forms on file.

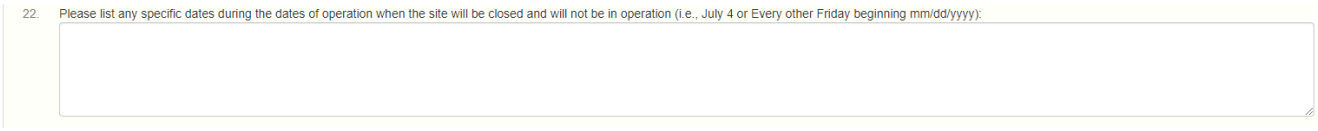
Camps qualify by Income Eligiblity Forms and you can only claim those children that are eligible.

Compliance – This section gives important information on how you will operate the site.

Operating Dates – This section is **vitaly important** to keep current in order to allow your claim to process. 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. (For Rural Non-Congregate sites, your end date is your last distribution day.)

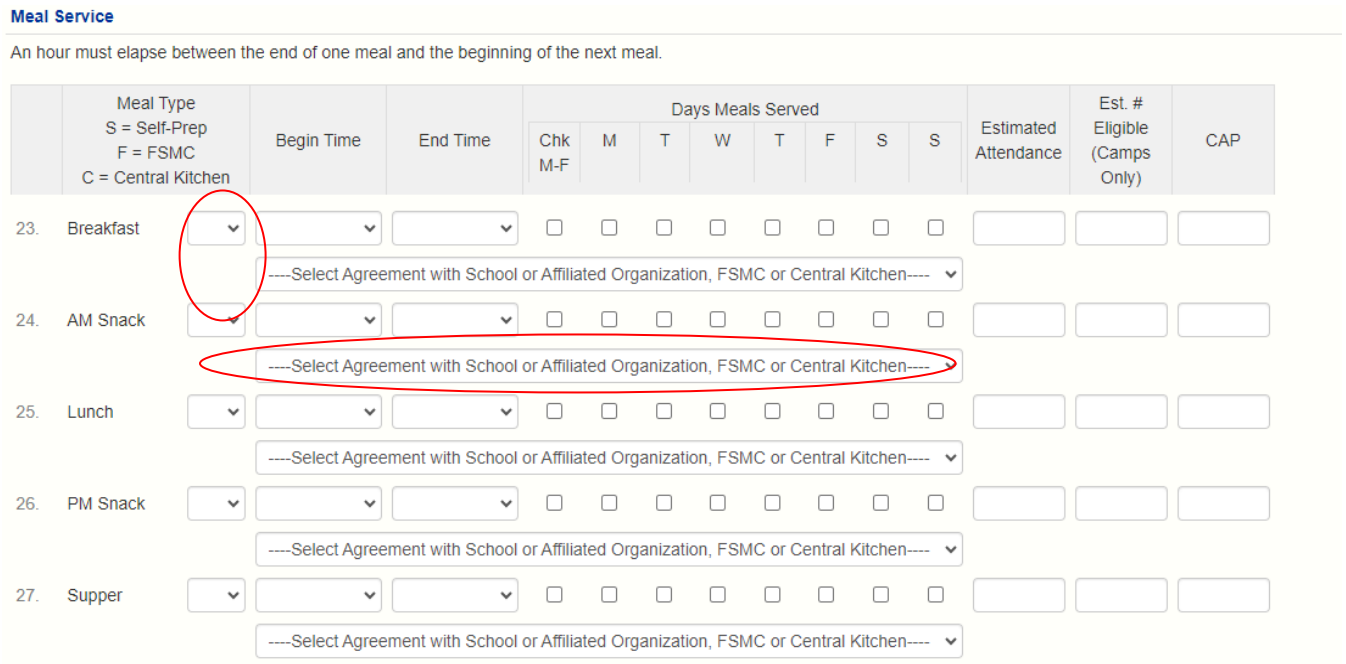


Days not in operation during each month must be listed in box provided for days not in operation. This will include holidays like the 4th of July or days closed that would normally be days of operation. Ensure these days are not included in your operating days for the month.



Meal Service – This 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: **S - Self-Prep**, **F - FSMC (Food Service Management Company)**, or **C - 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), FSMC (F), Central Kitchen**

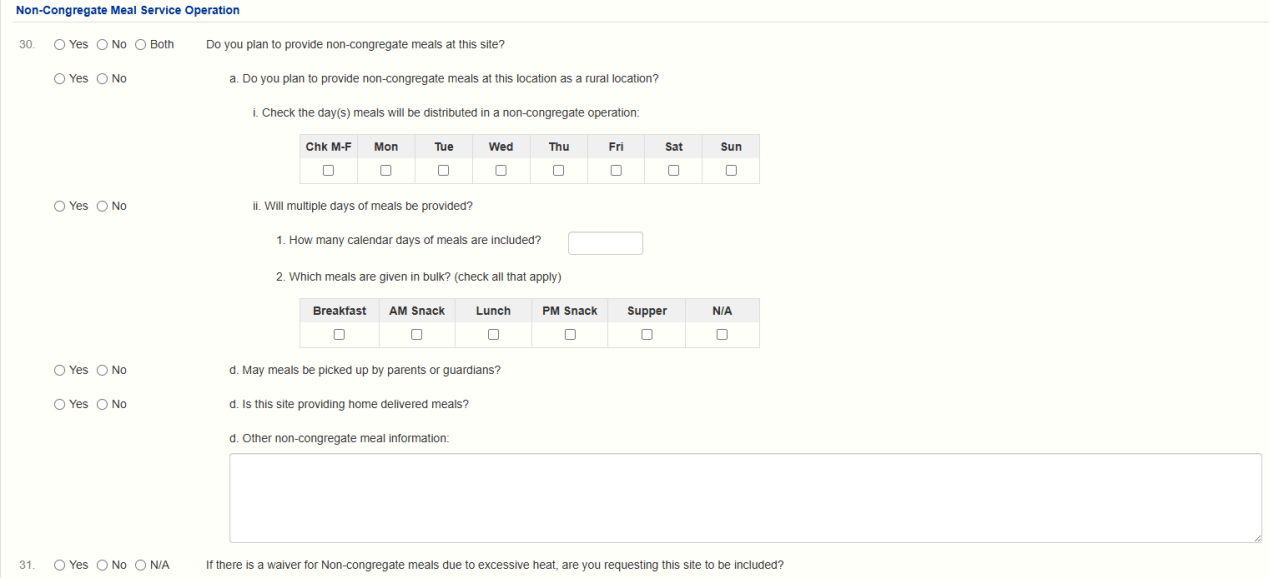


If you selected **FSMC** or **Central Kitchen**, you are required to select one of the food sources that you have entered on your **Sponsor Information Sheet**. Select the correct food source from the drop-down list. Enter your estimated attendance. The CAP will be entered by the State.

Non-Congregate sites for the Days Meals Served, please just checkmark only the days you are distributing. Example- If you are distributing on Monday, Wednesday and Friday, then please check mark those days. If one week you are handing out on Monday, Wednesday and the Thursday instead of Friday, due to a holiday, then you will need to mark Monday, Wednesday, Thursday and Friday. Please put an explaination in box provided for days you are not in operation.

Non-Congregate Meal Service Operation

For non-congregate sites at any time, please answer the questions appropriately. Follow the guide below.



Non-Congregate Meal Service Operation

30. ○ Yes ○ No ○ Both Do you plan to provide non-congregate meals at this site?

○ Yes ○ No a. Do you plan to provide non-congregate meals at this location as a rural location?

i. Check the day(s) meals will be distributed in a non-congregate operation:

Chk M-F	Mon	Tue	Wed	Thu	Fri	Sat	Sun
☐	☐	☐	☐	☐	☐	☐	☐

○ Yes ○ No ii. Will multiple days of meals be provided?

1. How many calendar days of meals are included?

2. Which meals are given in bulk? (check all that apply)

Breakfast	AM Snack	Lunch	PM Snack	Supper	N/A
☐	☐	☐	☐	☐	☐

○ Yes ○ No d. May meals be picked up by parents or guardians?

○ Yes ○ No d. Is this site providing home delivered meals?

d. Other non-congregate meal information:

31. ○ Yes ○ No ○ N/A If there is a waiver for Non-congregate meals due to excessive heat, are you requesting this site to be included?

The questions are used to provide this sites informaiton and to tell us if your site is congretgate (no), non-congregate (yes). If your answer to this first question is no, please skip to the next section.

30. ○ Yes ○ No ○ Both Do you plan to provide non-congregate meals at this site?

• Remember, non-congregate meal service means that children may take their meals to-go and are not required to remain on-site to consume their meals.

- o If you are planning to operate exclusively non-congregate meal service at this site, select Yes.
- o If you are planning to operate exclusively congregate meal service at this site, select No.

○ Yes ○ No b. Do you plan to provide non-congregate meals at this location as a rural location?

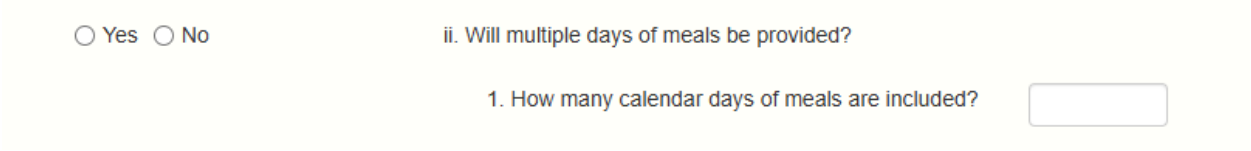
If you are operating non-congregate at this site it MUST qualify as a rural location where there is no congregate service. Please reference the USDA Food and Nutrition Service Area Eligibility Map to ensure that the site you are planning to operate as non-congregate is considered rural. If so, please select Yes.

i. Check the day(s) meals will be distributed in a non-congregate operation:

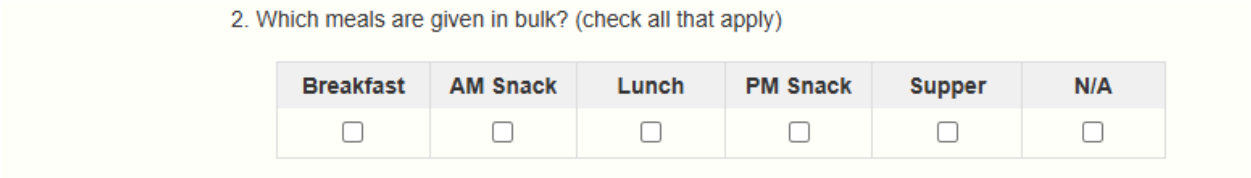
Chk M-F	Mon	Tue	Wed	Thu	Fri	Sat	Sun
☐	☐	☐	☐	☐	☐	☐	☐

Multiday meal service is allowed but must follow all USDA regulations. This service may allow the site to provide the child with multiple days' worth of meals at once.

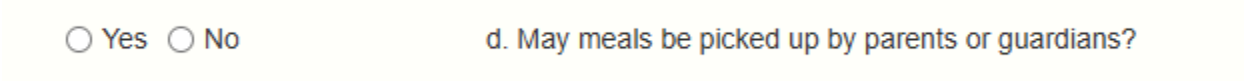
Select the days that meals will be served/handed out. For example:
o If meals will be handed out daily, select each day they will be distributed.
o If meals will be handed out each weekday, select Monday-Friday.
o If multiday meals will be distributed on Monday (for 3 days' worth of meals) and Thursday (for 4 days' worth of meals), check the box for Monday and Thursday. Then explain further in the comments section.



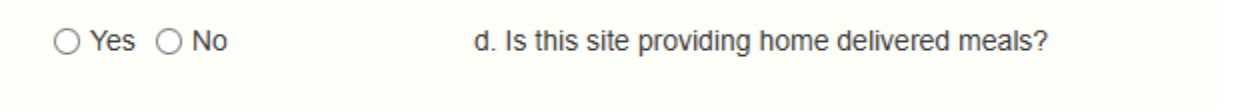
This number is the total days' worth of meals that you provide at one distribution. For example, if you distribute on Monday, but have included enough meals to cover Monday, Tuesday, and Wednesday, before distributing again on Thursday, you would answer 3. If this varies depending on the day, please make note of it in the additional comment box at the bottom of this section.



Bulk meals are when food components are given in mass/bulk quantities and are not singularly itemized. Examples of this may include serving a gallon of milk (rather than 8oz units), a loaf of bread, or a box of cereal. If you plan to serve any meals in this manner, please specify which. More detailed information regarding your bulk meal service plan must be documented in your non-congregate integrity plan request form for approval. Please note that FSMC's are not allowed to provide Bulk meals as meals must be unitized. • If you are not planning to serve bulk meals, select N/A.



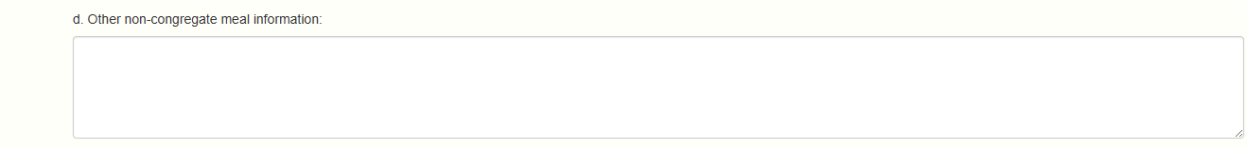
Will this site allow a child's parent/guardian to pick up their child's meal (without the child present) for the noncongregate meal service?



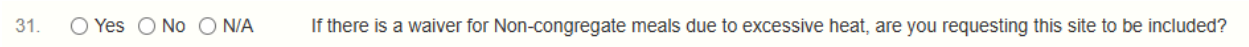
Home delivered meals are non-congregate meals delivered straight to a child's home.
•Written parental consent must be obtained by the sponsor and maintained on file.
• Please refer to the Rural Non-Congregate Amendment for more information on home delivered meals.

• If you answer Yes to this question, the State agency will be in further contact with you to ensure that you have a comprehensive plan in place. Each home must be designated as rural.

o For parent/guardian pick-up to be approved, Sponsors must provide a suitable plan to maintain program integrity in their Non-Congregate Amendment form.



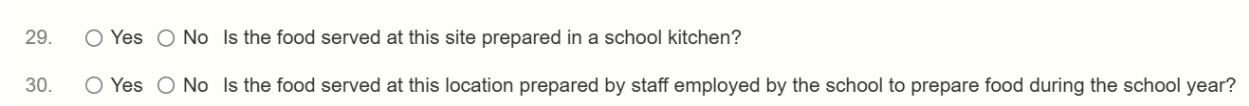
Please use this section to describe any operational functions not captured in the previous questions. For example, if you are operating a hybrid site, please specify which days, times, and meal services you will be providing as non-congregate.



This question is for sites that request to utilize the Excessive Heat Waiver if that waiver is approved by USDA. Additional documentation will be requested if you click yes.

Operations Section

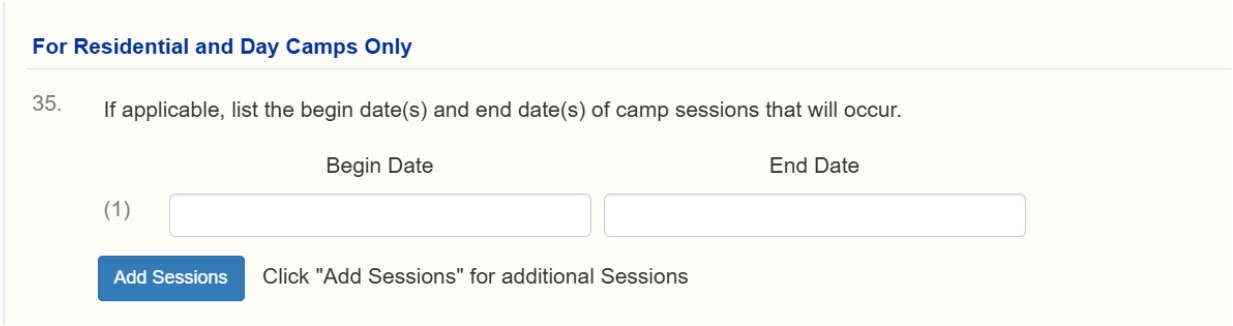
The first two questions allow us to know if the location is a school that uses the same kitchen as during the school year and the same staff. If you are not a school, the answer should be No.



Unanticipated events and meals served outside of approved time - if the meal service time is outside of your regularly allowed time due to an unanticipated event. For example: The bus was late due to a flat tire so breakfast was served late on (give date). These requests must be entered into this section the day of the late meal service. (This section should be blank at initial application)

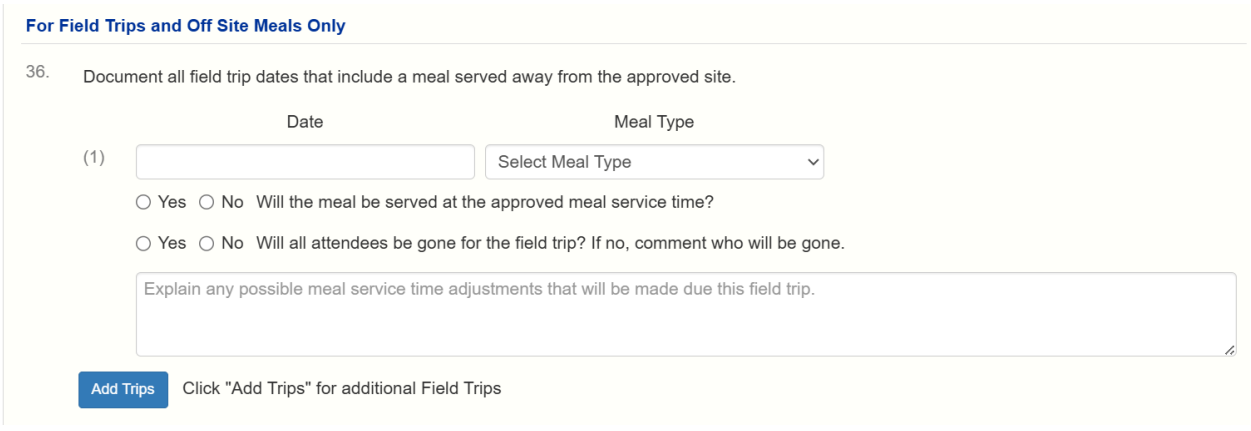


Residential and Day Camps Only – If you have selected Residential Camps under #10, Site Eligibility Type, then you will need to complete this section. If you have different camp sessions throughout the summer with different children, please enter the begin and end date of each session. To add more sessions, please click on the Add Sessions box.



Field Trips and Off Site Meals Only – Fill out the field trip section for each field trip that will be taken that includes any meals that will be eaten off site. This will need to be completed and approved before the date of the field trip. To add more lines, click on the Add Trips button.

If the meal will be served at an unapproved time, please indicate the meal time in the box. If not all site attendees will be on the field trip and the site will remain open, you must indicate in the box which group or grade will be attending the field trip.

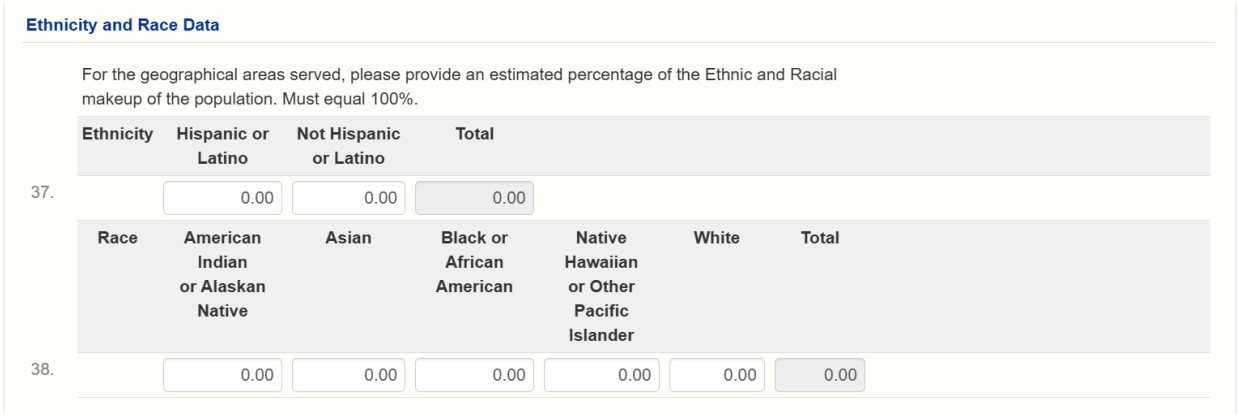


Ethnicity and Race Data

Sponsors are required to collect ethnicity and race data once a year for the SFSP. The data must come from self-identification and self-reporting. An SFSP site may use in the Beneficiary Data Survey at this link: https://health.mo.gov/living/dnhs_pdfs/580-2464s(8-2022).pdf to gather the required ethnic and racial data.

If this is a first year site, you can use census data from the internet to deterimine the average ethnicity and race for the area.

In the application, line 36 should equal 100% and line 37 should equal 100%. The data you are entering is specific to this site location.



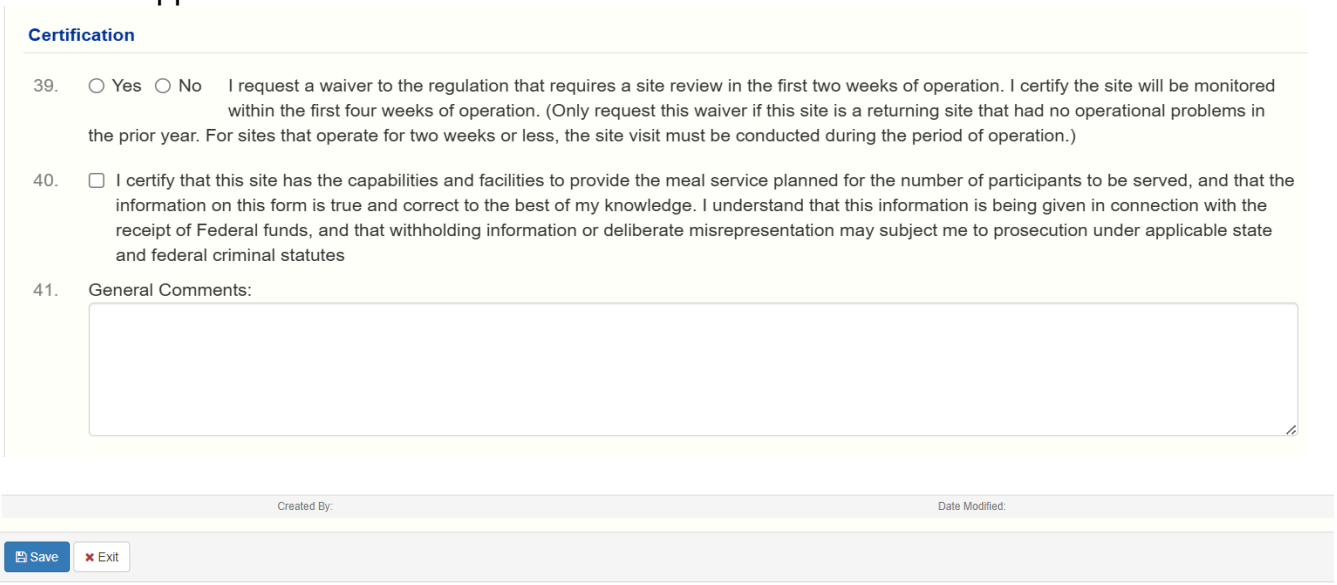
Ethnicity and Race Data

For the geographical areas served, please provide an estimated percentage of the Ethnic and Racial makeup of the population. Must equal 100%.

	Ethnicity	Hispanic or Latino	Not Hispanic or Latino	Total
37.		0.00	0.00	0.00

	Race	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
38.		0.00	0.00	0.00	0.00	0.00	0.00

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



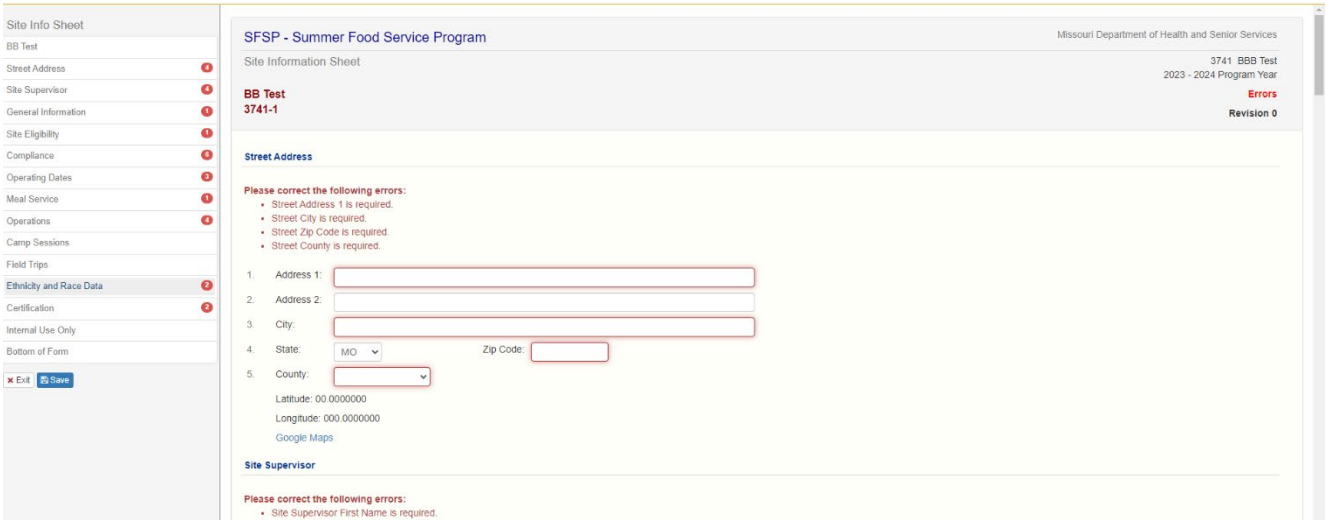
Certification

39. ○ Yes ○ No I request a waiver to the regulation that requires a site review in the first two weeks of operation. I certify the site will be monitored within the first four weeks of operation. (Only request this waiver if this site is a returning site that had no operational problems in the prior year. For sites that operate for two weeks or less, the site visit must be conducted during the period of operation.)

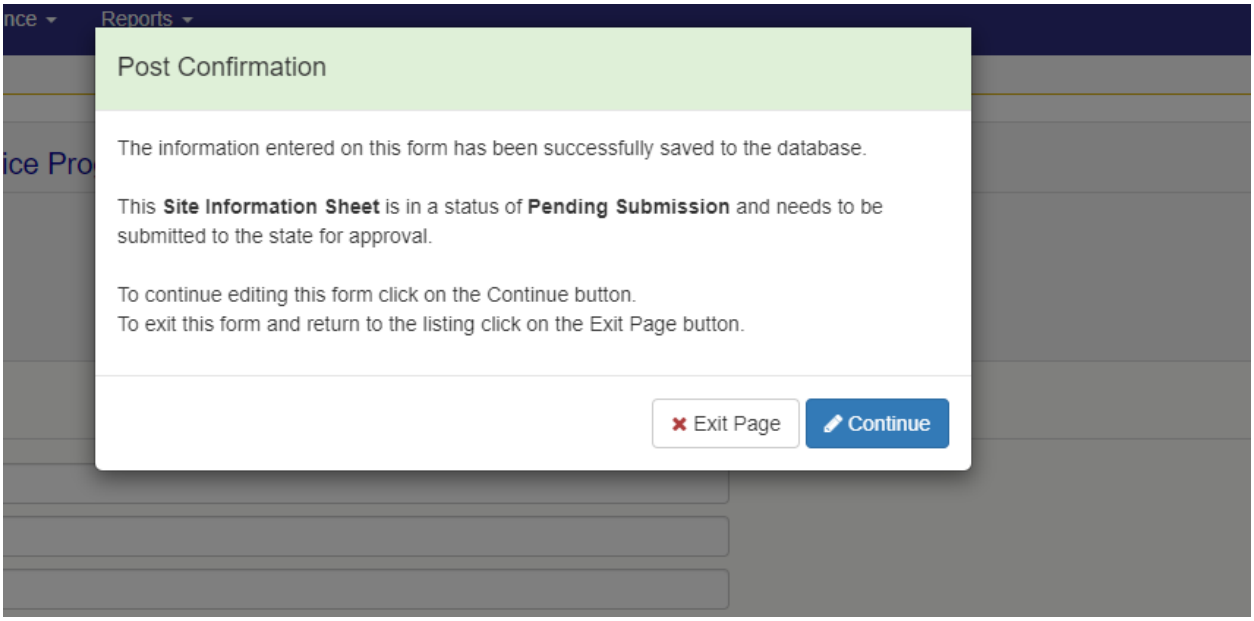
40. ☐ I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with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

41. General Comments:

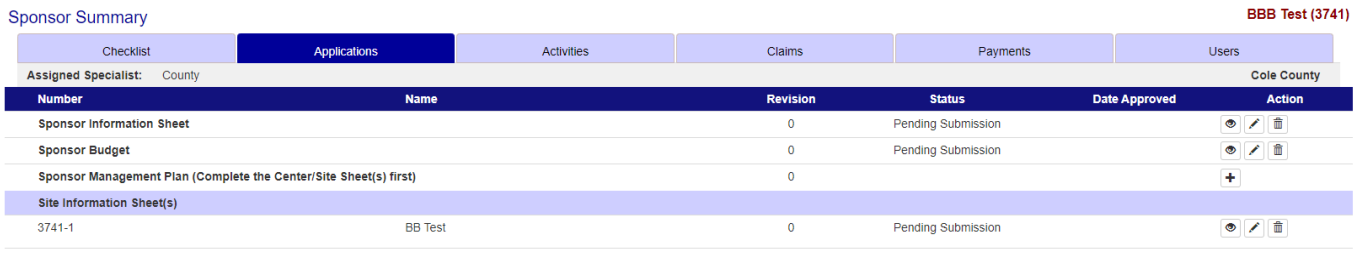
If there is a **Site Information Sheet** error(s), it will be highlighted. Return to the **Site Information Sheet**, correct the errors, and click **Save**.



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 **Pending Submission** status.



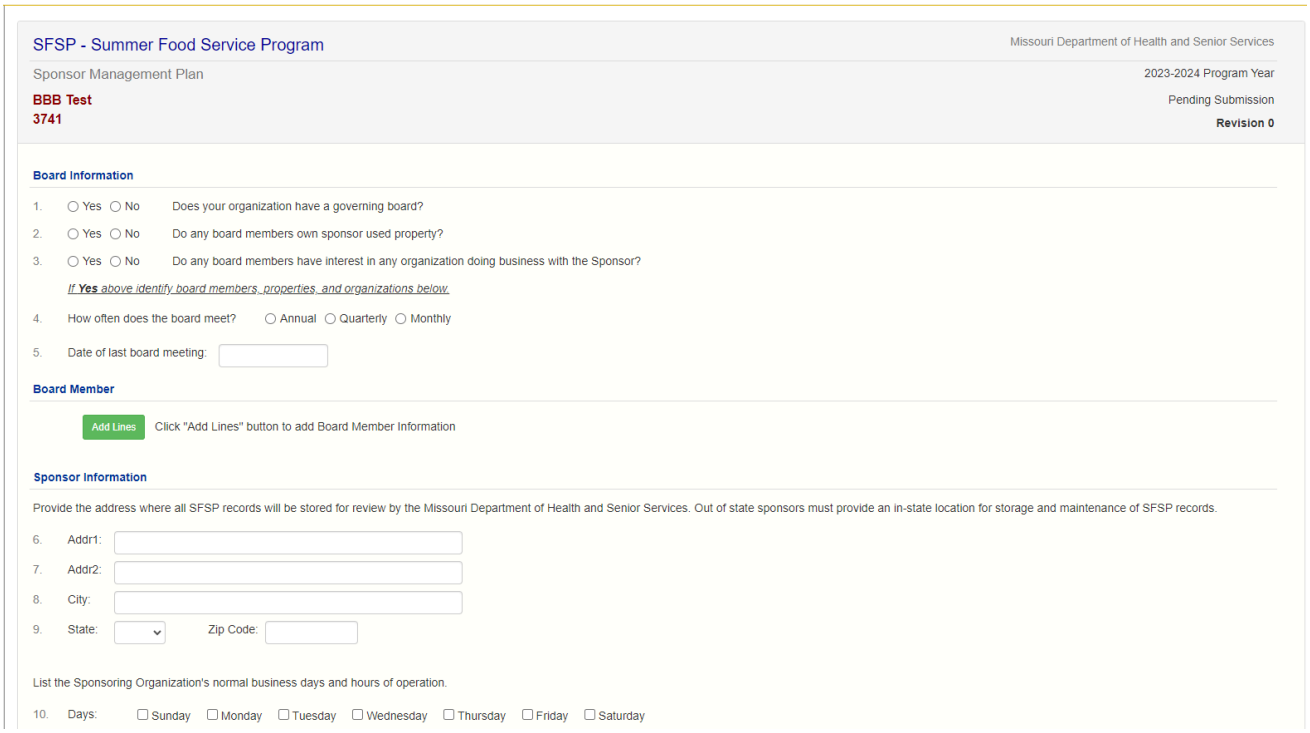
Click **Exit Page** to return to the **Sponsor Summary** sheet.



Repeat the above steps for each additional site.

Sponsor Management Plan – This will need to be completed after all the site information sheets have been completed.

*Per USDA, all sponsors are required to complete a Management Plan.



SFSP - Summer Food Service Program

Missouri Department of Health and Senior Services

Sponsor Management Plan

2023-2024 Program Year

BBB Test

3741

Pending Submission

Revision 0

Board Information

1. ○ Yes ○ No Does your organization have a governing board?
2. ○ Yes ○ No Do any board members own sponsor used property?
3. ○ Yes ○ No Do any board members have interest in any organization doing business with the Sponsor?

*If **Yes** above identify board members, properties, and organizations below.*

4. How often does the board meet? ○ Annual ○ Quarterly ○ Monthly
5. Date of last board meeting:

Board Member

Add Lines Click "Add Lines" button to add Board Member Information

Sponsor Information

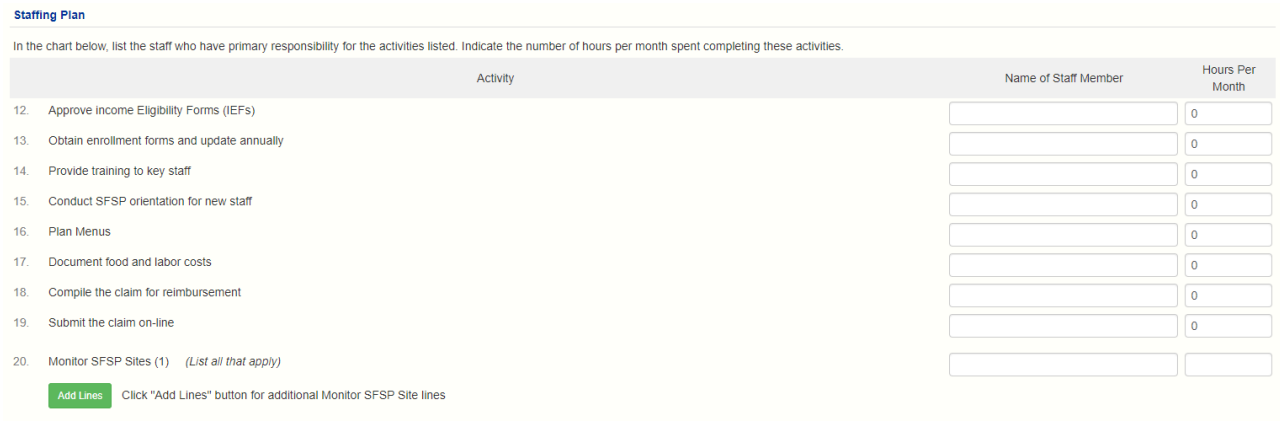
Provide the address where all SFSP records will be stored for review by the Missouri Department of Health and Senior Services. Out of state sponsors must provide an in-state location for storage and maintenance of SFSP records.

6. Addr1:
7. Addr2:
8. City:
9. State: Zip Code:

List the Sponsoring Organization's normal business days and hours of operation.

10. Days: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Staffing Plan – Please list the names of sponsor staff and hours per month in this section. *Please note that the “Monitor SFSP Sites” individual cannot be the same person that is listed as Site Supervisor on the Site Information Sheet.



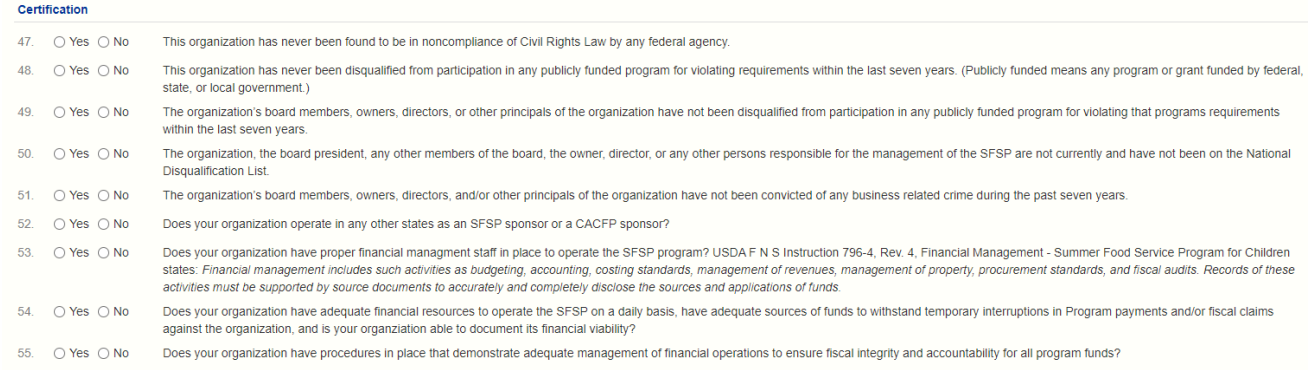
Staffing Plan

In the chart below, list the staff who have primary responsibility for the activities listed. Indicate the number of hours per month spent completing these activities.

	Activity	Name of Staff Member	Hours Per Month
12.	Approve Income Eligibility Forms (IEFs)		0
13.	Obtain enrollment forms and update annually		0
14.	Provide training to key staff		0
15.	Conduct SFSP orientation for new staff		0
16.	Plan Menus		0
17.	Document food and labor costs		0
18.	Compile the claim for reimbursement		0
19.	Submit the claim on-line		0
20.	Monitor SFSP Sites (1) *(List all that apply)*		

Add Lines Click "Add Lines" button for additional Monitor SFSP Site lines

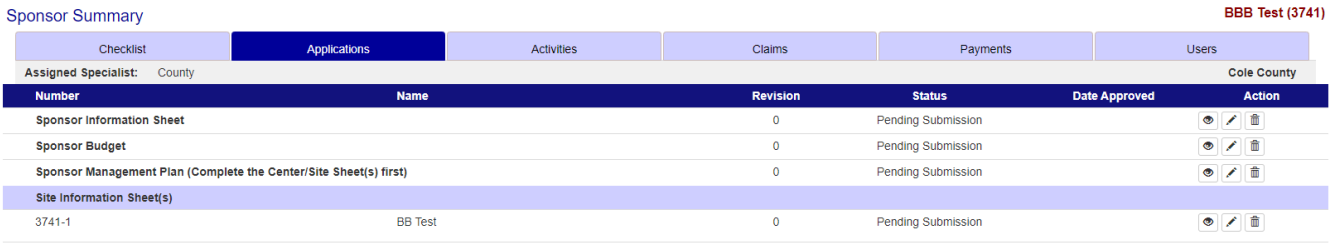
Certification – Please read these questions as statements and answer them as True (yes) and False (no) and answer accordingly.



Certification

47.	○ Yes ○ No	This organization has never been found to be in noncompliance of Civil Rights Law by any federal agency.
48.	○ Yes ○ No	This organization has never been disqualified from participation in any publicly funded program for violating requirements within the last seven years. (Publicly funded means any program or grant funded by federal, state, or local government.)
49.	○ Yes ○ No	The organization's board members, owners, directors, or other principals of the organization have not been disqualified from participation in any publicly funded program for violating that programs requirements within the last seven years.
50.	○ Yes ○ No	The organization, the board president, any other members of the board, the owner, director, or any other persons responsible for the management of the SFSP are not currently and have not been on the National Disqualification List.
51.	○ Yes ○ No	The organization's board members, owners, directors, and/or other principals of the organization have not been convicted of any business related crime during the past seven years.
52.	○ Yes ○ No	Does your organization operate in any other states as an SFSP sponsor or a CACFP sponsor?
53.	○ Yes ○ No	Does your organization have proper financial managment staff in place to operate the SFSP program? USDA F N S Instruction 796-4, Rev. 4, Financial Management - Summer Food Service Program for Children states: *Financial management includes such activities as budgeting, accounting, costing standards, management of revenues, management of property, procurement standards, and fiscal audits. Records of these activities must be supported by source documents to accurately and completely disclose the sources and applications of funds.*
54.	○ Yes ○ No	Does your organization have adequate financial resources to operate the SFSP on a daily basis, have adequate sources of funds to withstand temporary interruptions in Program payments and/or fiscal claims against the organization, and is your organziation able to document its financial viability?
55.	○ Yes ○ No	Does your organization have procedures in place that demonstrate adequate management of financial operations to ensure fiscal integrity and accountability for all program funds?

Once the **Sponsor Information Sheet**, the **Sponsor Budget**, and the **Site Information Sheets** for each site have been completed and are in **Pending Submission** status, you must update the Checklist tab.



Sponsor Summary — BBB Test (3741)

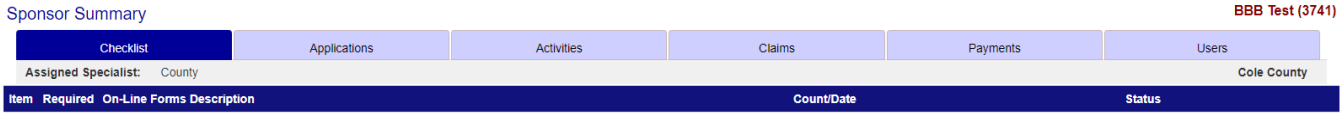
Checklist | Applications | Activities | Claims | Payments | Users

Assigned Specialist: County — Cole County

Number	Name	Revision	Status	Date Approved	Action
Sponsor Information Sheet		0	Pending Submission		
Sponsor Budget		0	Pending Submission		
Sponsor Management Plan (Complete the Center/Site Sheet(s) first)		0	Pending Submission		
Site Information Sheet(s)					
3741-1	BB Test	0	Pending Submission		

Checklist Tab

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



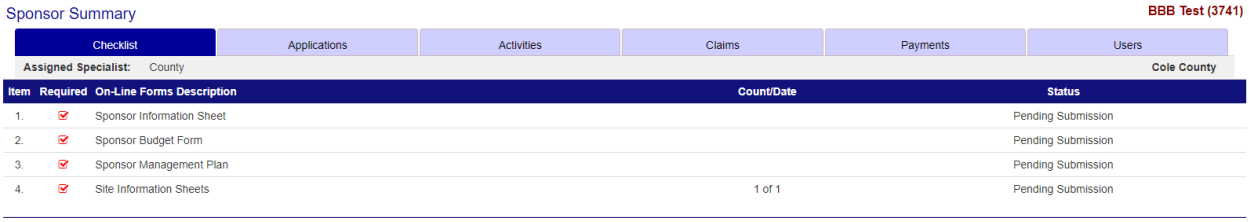
Sponsor Summary — BBB Test (3741)

Checklist | Applications | Activities | Claims | Payments | Users

Assigned Specialist: County — Cole County

Item	Required	On-Line Forms Description	Count/Date	Status

Once you select the **Checklist** tab you will be able to verify that all on-line forms in the **On-Line Forms Description** section are in **Pending Submission** status.



Sponsor Summary — BBB Test (3741)

Checklist | Applications | Activities | Claims | Payments | Users

Assigned Specialist: County — Cole County

Item	Required	On-Line Forms Description	Count/Date	Status
1.	☑	Sponsor Information Sheet		Pending Submission
2.	☑	Sponsor Budget Form		Pending Submission
3.	☑	Sponsor Management Plan		Pending Submission
4.	☑	Site Information Sheets	1 of 1	Pending Submission

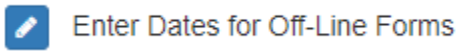
Off-Line Forms Description - Any **Item** with a red check mark must be completed and the date entered in the date sent column. Documents can be directly uploaded into the Checklist tab. Under **Action,** you can click on the blue box with the upward white arrow

and upload the document. Once the document is uploaded, then it will automatically enter the date sent. *Note – the information you are uploading for the specific item we are requesting, will need to be all in one document.

If you are emailing the Off-Line Forms to DHSS, you will need to enter the date submitted by email for each **Item** with a red check mark in the **Off-Line Forms Description** section, click on the **pencil in the blue box** at the bottom.

Item	Required	Off-Line Forms Description	Downloads	Date Sent	Date Received	Date Complete	Action
1.	☑	Secretary of State Documents					
2.	☑	Documentation of 501(c)(3) Status					
3.	☑	MissouriBuys powered by MOVERS					
4.	☑	Subrecipient Information Form (SIF)					
5.	☑	E-Verify Memorandum of Understanding					
6.	☑	Bank Statements					
7.	☑	SFSP Sponsor/Site Agreement					
8.		Food Service Contract					
9.	☑	Certificate of Training					
10.	☑	Policy Statement					
11.		Unique Entity Identifier (UEI) Screenshot					
12.		Vendor No Tax Due Verification					
13.		IRS Good Standing Verification					
14.		National Disqualified List Verification					
15.		Nutritionist Pre-approval Visit					
16.		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)					
17.		Program Year Renewal Completion Date					
18.		New and Renewed Contract Complete					
19.		Pre-Operational Site Visit Form					

Enter Dates for Off-Line Forms

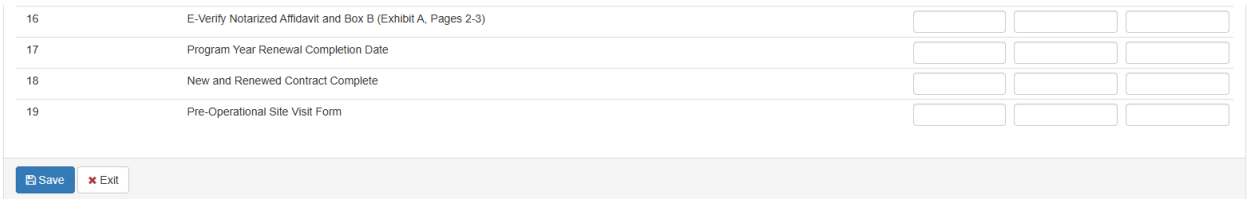


Once you click **on the pencil**, text boxes will appear for you to enter the dates for each **Item** listed. Once you have the date entered under the Date Sent column, then hit **Save.**

Off-Line Forms Entry — Live Church, d/b/a Heavenly Hearts Learning Center (2921)

Instructions: For each Required ☑ document enter the Date Sent for forms mailed or e-mailed to the state.

Item	Required	Off-Line Forms Description	Date Sent	Date Received	Date Complete
1	☑	Secretary of State Documents			
2	☑	Documentation of 501(c)(3) Status			
3	☑	MissouriBuys powered by MOVERS			
4	☑	Subrecipient Information Form (SIF)			
5	☑	E-Verify Memorandum of Understanding			
6	☑	Bank Statements			
7	☑	SFSP Sponsor/Site Agreement			
8		Food Service Contract			
9	☑	Certificate of Training			
10	☑	Policy Statement			
11		Unique Entity Identifier (UEI) Screenshot			
12		Vendor No Tax Due Verification			
13		IRS Good Standing Verification			
14		National Disqualified List Verification			
15		Nutritionist Pre-approval Visit			

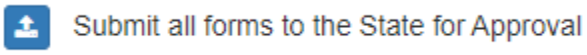


16	E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)			
17	Program Year Renewal Completion Date			
18	New and Renewed Contract Complete			
19	Pre-Operational Site Visit Form			

Save Exit

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

Once all items with the Red Check mark have been completed by either uploading or emailing the documents to DHSS, you will need to click on the blue box with the upward white arrow to submit your application to the state for approval.



Sponsor Summary

BBB Test (3741)

Checklist | Applications | Activities | Claims | Payments | Users

Assigned Specialist: County — Cole County

Item	Required	On-Line Forms Description	Count/Date	Status
1.	☑	Sponsor Information Sheet		Pending Submission
2.	☑	Sponsor Budget Form		Pending Submission
3.	☑	Sponsor Management Plan		Pending Submission
4.	☑	Site Information Sheets	1 of 1	Pending Submission

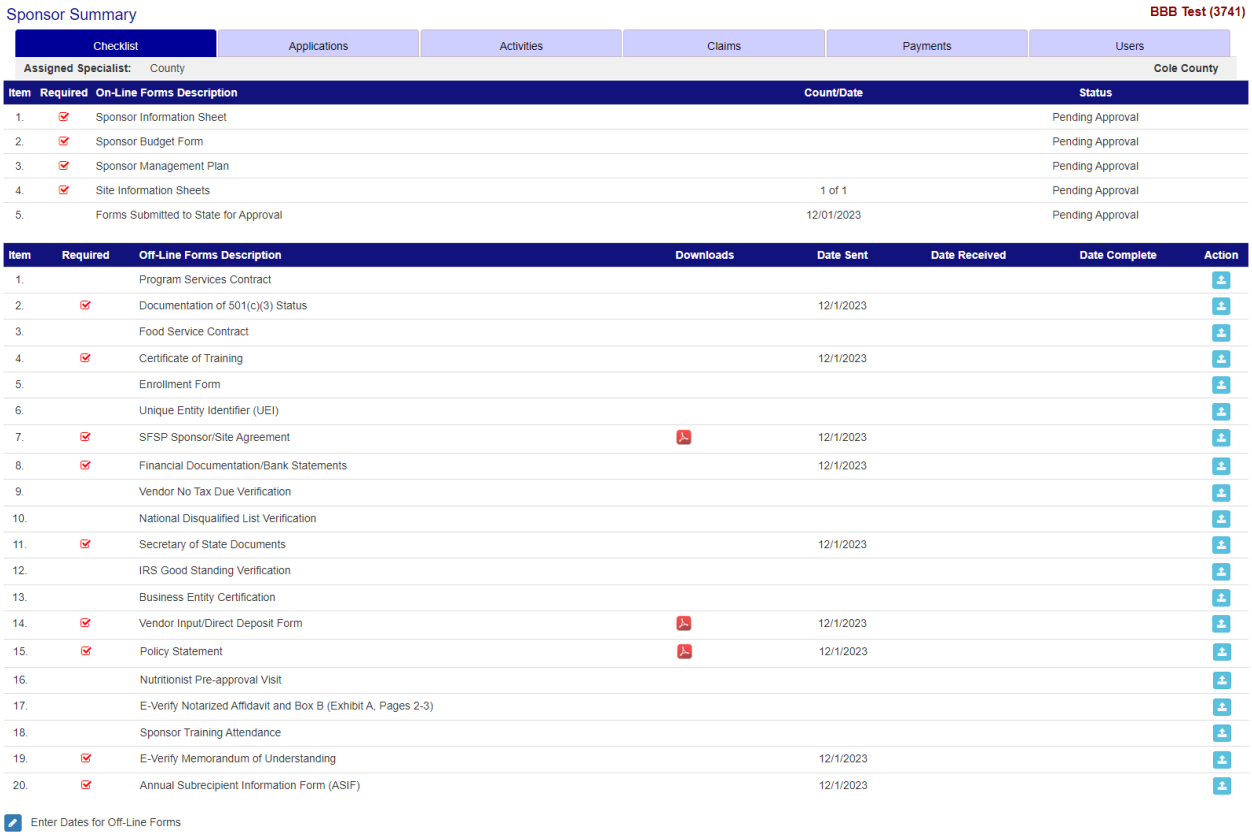
Item	Required	Off-Line Forms Description	Downloads	Date Sent	Date Received	Date Complete	Action
1.		Program Services Contract					
2.	☑	Documentation of 501(c)(3) Status		12/1/2023			
3.		Food Service Contract					
4.	☑	Certificate of Training		12/1/2023			
5.		Enrollment Form					
6.		Unique Entity Identifier (UEI)					
7.	☑	SFSP Sponsor/Site Agreement		12/1/2023			
8.	☑	Financial Documentation/Bank Statements		12/1/2023			
9.		Vendor No Tax Due Verification					
10.		National Disqualified List Verification					
11.	☑	Secretary of State Documents		12/1/2023			
12.		IRS Good Standing Verification					
13.		Business Entity Certification					
14.	☑	Vendor Input/Direct Deposit Form		12/1/2023			
15.	☑	Policy Statement		12/1/2023			
16.		Nutritionist Pre-approval Visit					
17.		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)					
18.		Sponsor Training Attendance					
19.	☑	E-Verify Memorandum of Understanding		12/1/2023			
20.	☑	Annual Subrecipient Information Form (ASIF)		12/1/2023			

Enter Dates for Off-Line Forms

Submit all forms to the State for Approval

This will put all of your information in Pending Approval. 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 note that if you have not put a date or have not completed any of the items that have a Red Check mark, you will not be able to put your information in Pending Approval. Please review your information and resubmit.



Sponsor Summary

BBB Test (3741)

Checklist | Applications | Activities | Claims | Payments | Users

Assigned Specialist: County — Cole County

Item	Required	On-Line Forms Description	Count/Date	Status
1.	☑	Sponsor Information Sheet		Pending Approval
2.	☑	Sponsor Budget Form		Pending Approval
3.	☑	Sponsor Management Plan		Pending Approval
4.	☑	Site Information Sheets	1 of 1	Pending Approval
5.		Forms Submitted to State for Approval	12/01/2023	Pending Approval

Item	Required	Off-Line Forms Description	Downloads	Date Sent	Date Received	Date Complete	Action
1.		Program Services Contract					
2.	☑	Documentation of 501(c)(3) Status		12/1/2023			
3.		Food Service Contract					
4.	☑	Certificate of Training		12/1/2023			
5.		Enrollment Form					
6.		Unique Entity Identifier (UEI)					
7.	☑	SFSP Sponsor/Site Agreement		12/1/2023			
8.	☑	Financial Documentation/Bank Statements		12/1/2023			
9.		Vendor No Tax Due Verification					
10.		National Disqualified List Verification					
11.	☑	Secretary of State Documents		12/1/2023			
12.		IRS Good Standing Verification					
13.		Business Entity Certification					
14.	☑	Vendor Input/Direct Deposit Form		12/1/2023			
15.	☑	Policy Statement		12/1/2023			
16.		Nutritionist Pre-approval Visit					
17.		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)					
18.		Sponsor Training Attendance					
19.	☑	E-Verify Memorandum of Understanding		12/1/2023			
20.	☑	Annual Subrecipient Information Form (ASIF)		12/1/2023			

Enter Dates for Off-Line Forms

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.

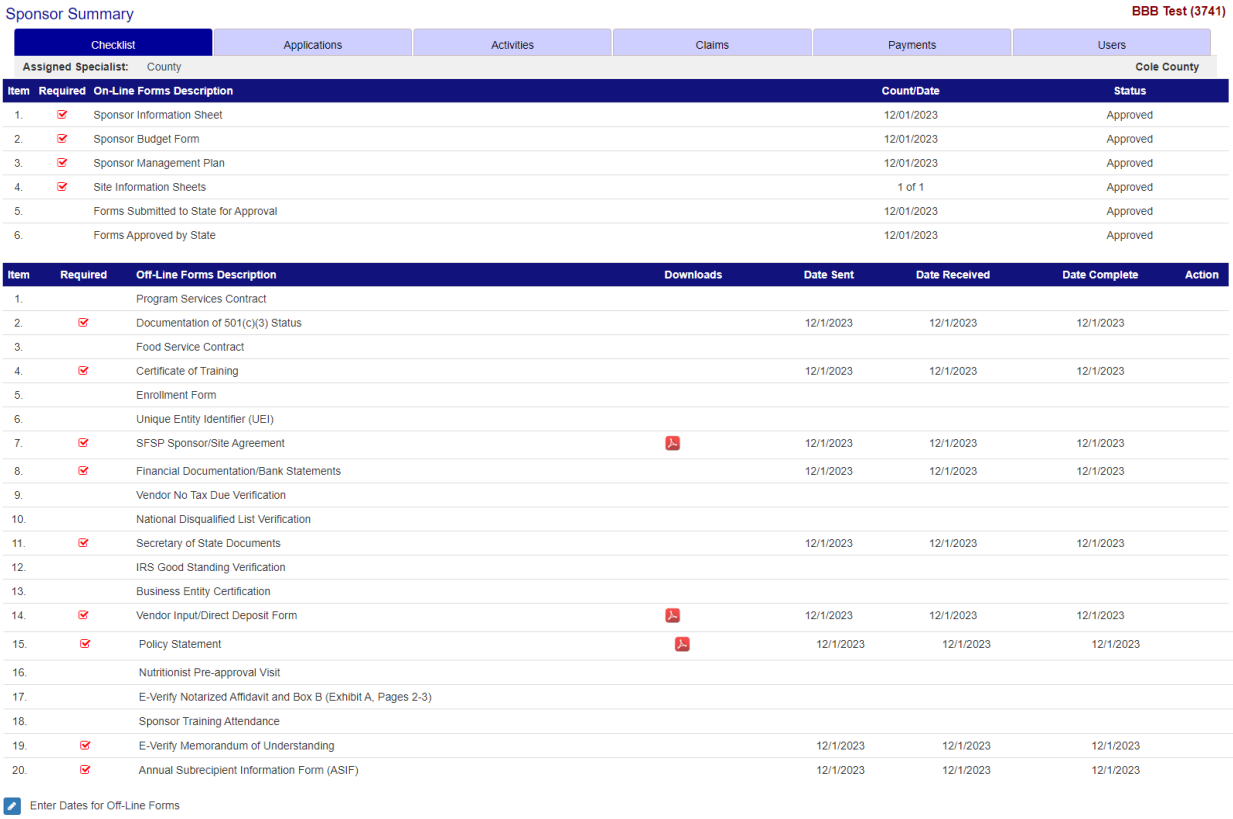
Once you are approved, please login to the system and verify all your information, for example the meals, mealtimes and field trips. If they are not correct, please correct them and put your information in Pending Approval so they can be reviewed and approved by the state.

To make any corrections or to update any of the information on any of the online forms, please go into the appropriate form and click on the pencil under Action and then please make your updates. When the updates are completed scroll to the bottom of the page.

For the Sponsor Information Sheet and the Site Information Sheets, under Certification and you will need to check mark the I certify question and then check mark the box under General comments that says, Data entry is complete and ready for State Agency approval.

For the Budget and Management Plan, at the bottom of the page check mark the box that says, Data entry is complete and ready for State Agency approval.

Once you check mark the box it should put your information in Pending Approval. If your information does not say pending approval, the state will not be able to approve it. Please go back and read the above instructions to get it in pending approval.



Sponsor Summary

BBB Test (3741)

Checklist | Applications | Activities | Claims | Payments | Users

Assigned Specialist: County — **Cole County**

Item	Required	On-Line Forms Description	Count/Date	Status
1.	☑	Sponsor Information Sheet	12/01/2023	Approved
2.	☑	Sponsor Budget Form	12/01/2023	Approved
3.	☑	Sponsor Management Plan	12/01/2023	Approved
4.	☑	Site Information Sheets	1 of 1	Approved
5.		Forms Submitted to State for Approval	12/01/2023	Approved
6.		Forms Approved by State	12/01/2023	Approved

Item	Required	Off-Line Forms Description	Downloads	Date Sent	Date Received	Date Complete	Action
1.		Program Services Contract					
2.	☑	Documentation of 501(c)(3) Status		12/1/2023	12/1/2023	12/1/2023	
3.		Food Service Contract					
4.	☑	Certificate of Training		12/1/2023	12/1/2023	12/1/2023	
5.		Enrollment Form					
6.		Unique Entity Identifier (UEI)					
7.	☑	SFSP Sponsor/Site Agreement		12/1/2023	12/1/2023	12/1/2023	
8.	☑	Financial Documentation/Bank Statements		12/1/2023	12/1/2023	12/1/2023	
9.		Vendor No Tax Due Verification					
10.		National Disqualified List Verification					
11.	☑	Secretary of State Documents		12/1/2023	12/1/2023	12/1/2023	
12.		IRS Good Standing Verification					
13.		Business Entity Certification					
14.	☑	Vendor Input/Direct Deposit Form		12/1/2023	12/1/2023	12/1/2023	
15.	☑	Policy Statement		12/1/2023	12/1/2023	12/1/2023	
16.		Nutritionist Pre-approval Visit					
17.		E-Verify Notarized Affidavit and Box B (Exhibit A, Pages 2-3)					
18.		Sponsor Training Attendance					
19.	☑	E-Verify Memorandum of Understanding		12/1/2023	12/1/2023	12/1/2023	
20.	☑	Annual Subrecipient Information Form (ASIF)		12/1/2023	12/1/2023	12/1/2023	

Enter Dates for Off-Line Forms

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 Information 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 Information 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 removed.
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. Please note that FSMC staff cannot have access to the system.
4. **User IDs and passwords are assigned to individuals only and may not be shared.**