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# Introduction

CNP Web is the online application and claiming system developed for the Health and Nutrition Services for Arizona. CNP Web is the main system used by National School Lunch (NSLP), Summer Food Service Program (SFSP) and Child and Adult Care Food Program (CACFP) participants.

The CNP Web application is part of the Arizona Department of Education's (ADE) Common Logon security application. The ADE Common Logon security system is designed to encompass all Web applications at ADE for the purposes of allowing uniform access into all systems.

CNP Web training encompasses the use of the online system to submit applications and reimbursement claims. This manual is designed for users that have basic computer knowledge of Microsoft Windows™ and Internet browsers.

## Overview of CNP Web

These are the main tasks ADE and Sponsors perform using CNP Web.

1. At the end of each fiscal year, ADE prepares the CNP Web system for the next application year that begins in October.
2. ADE notifies sponsors when the system is ready to accept applications to participate in the CACFP during the upcoming year.
3. Using the Internet, CACFP sponsors fill out site and sponsor applications, and electronically submit them to ADE for review.

The CNP Web system produces a checklist of paper documentation that sponsors need to provide to ADE.

4. Sponsors review the checklist to see if any new hardcopy documents need to be submitted to ADE for the next fiscal year.

Sponsors download and print forms from the ADE Web site, complete them, and mail them to ADE. The checklist indicates when a required document was received and approved by ADE.

5. ADE processes the online applications and the printed forms, and approves or rejects the sponsor for participation in the CACFP during the next program year.
6. After the program year begins and ADE has approved the sponsor for the participation in the CACFP, the sponsor uses the CNP Web system to enter a sponsor claim and site level reimbursement claims for each site serving meals during the claim month.
7. Each month ADE processes reimbursement claims for the CACFP.

If any data from the sponsor or site applications changes during the school year, the sponsor revises the applications as needed. ADE reviews and approves or rejects them as needed.

# Access to CNP Web

## What You Need to Access the System

The following computer requirements are necessary to successfully process applications and reimbursement claims on CNP Web.

	<b>Minimum Configuration</b>	<b>Recommended Configuration</b>
Operating System	Windows 95	Windows 98 or newer
Processor	Pentium 133 MHz	Pentium 600 MHz or faster
RAM	64 MB	256 MB or more
Modem (Internal or External)	56 Kb	Network Connection
Internet Browser	Internet Explorer 5.0	Internet Explorer 6.0*

\*Free downloads of Internet Explorer can be found at [www.microsoft.com](http://www.microsoft.com)

### **Important**

The system has not been tested on Netscape Navigator (4.0 or higher). Using this browser can result in variations to the forms and buttons; use of Netscape Navigator is not recommended.

## Internet Access

In addition to the computer requirements, the following setup is necessary.

- An Internet Service Provider
- A network connection or dial-up line and modem
- Cookies must be enabled (this is necessary for the security of the system)

## Access and Security

The ADE Common Logon application provides access and the necessary security of data in CNP Web. The information below provides guidance on how to have a new user account setup and the security guidelines of using ADE Common Logon.

## **Requesting a New User Account**

Follow these steps to establish accounts for new CNP Web users.

1. If your organization is new to the CACFP or a new employee needs to be added as an authorized user, a School Food Authority Representative must contact the Financial Services Administrative Assistant at (602) 542-8700 to request CNP Web User Agreement form.

**CNP Web/Common Logon Security Agreement**  
**New User**

District/Sponsor Name \_\_\_\_\_ CTD # \_\_\_\_\_

In signing this form, employees of the school food authority or Child and Adult Care Food Program sponsoring organizations are acknowledging their user responsibilities for using the CNP Web. This individual has read and understands the ADE Acceptable Use Policy. Any individual found not complying with this agreement and the acceptable use policy may have their account disabled by the Arizona Department of Education.

**To be completed by the employee/user:**

I, \_\_\_\_\_, have read the ADE Acceptable Use Policy, understand my responsibilities as a user of the CNP Web, and **will not share my user ID and password with any individual**. I also understand that ADE has the right to disable my account without notification. I certify that I am an employee of the above named organization and not under any contract.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employee Title Work E-Mail address

\_\_\_\_\_  
Work Phone Number

**To be completed by the Governing Board Member that is listed on the Certification Page of the ADE Food Program Service Agreement Contract; or Designated Official/Authorized Representative that is listed on the last page of ADE Food Program Service Agreement Contract.**

I, \_\_\_\_\_ certify, that \_\_\_\_\_ has been provided with the ADE Acceptable Use Policy, is an employee with this organization, and understands the responsibilities associated with using CNP Web. **I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.**

\_\_\_\_\_  
Authorized Representative Signature Date

**Please check all that apply:**

NSLP Sponsor       CACFP Sponsor       SFSP Seamless Sponsor       FDCH Sponsor

**Please fax the completed form to: Dana Gayer at (602) 542-1531**

**\*\* If you have any questions, please contact Health & Nutrition Services at (602) 542-8700 \*\***

**For Use by ADE Representative Only**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
ADE Child Nutrition Programs Representative

Revised 12/14/05

2. Each individual requiring access to the CNP online system must complete a Common Logon Security Agreement that is signed by an authorized representative of the sponsoring organization.
3. Each individual must read and comply with the ADE Acceptable Use Policy.

4. The individual requesting access to any of the online systems must be an employee of the sponsoring organization. Employee(s) of a Food Service Management Company, Caterer or any other individuals on contract with the organization are not eligible to receive common logon accounts. If Health and Nutrition Services becomes aware of any ineligible persons receiving access to any CNP online systems, the common logon account will be disabled immediately.
5. Certificate of Attendance at the Computer Track training must be presented with the Common Logon Security Agreement.
6. Certificate of Attendance at the Business Track training must be presented with the Common Logon Security Agreement.
7. Common Logon accounts must not be shared with anyone. If Health and Nutrition Services becomes aware of the sharing of any accounts, that account will be disabled immediately.
8. The Health and Nutrition Services verifies that the individual authorizing new account is current designated official or authorized signer of the FSA and individual being authorized for a new account is an employee of the Sponsoring Organization or School Food Service Authority. If necessary, the Financial Administrative Assistant requests additional information or clarification.
9. When approved, a new user account is created and your organization is notified via email or phone. Once you have been notified that your user name and password has been created, you are ready to begin using the CNP Web system.
10. The first time you connect to the system, you will be prompted to read and agree to the security policy and change your password.  
  
The system is case sensitive, so there is a difference between “ade1234” and “ADE1234”.
11. If a program or claim contact has been terminated, the designated official or an authorized signer on the four-year Food Program Service Agreement must submit a request to delete user by email or fax using CNP Web/Common Logon Security Agreement – Update/Delete form.

## The Security Agreement

Anyone using CNP Web must agree to the Agency’s Acceptable Use Policy. Appendix A of this document contains the entire text of the policy. The policy can also be viewed online through the ADE Common Logon.

Listed below are general guidelines for using ADE applications.

- ADE Internet administrative application systems are the property of the Arizona Department of Education.

- Users are required to take all necessary steps to prevent unauthorized access to, or disclosure of non-public information.
- Users are responsible for the security of their passwords and accounts.
- User Names and Passwords are not to be used by anyone other than the person assigned.
- Passwords should be changed quarterly and must be at least eight alphanumeric characters.
- All default passwords must be changed during first logon.
- Any guest or anonymous accounts are prohibited.
- Users should log off from their accounts when their workstation will be unattended.

## **Deciding Who Needs Access**

It is recommended that only those individuals who will be submitting applications and claims on CNP Web have user accounts.

## **Changing Personnel**

Health and Nutrition must be notified when an individual leaves the employment of the organization. The individual's common logon account will be disabled immediately and a new account for the current employee must be requested by submitting a new Common Logon Security Agreement.

Use the following procedure to close accounts.

1. Request a CNP Web/Common Logon Security Agreement – Update/Delete form.
2. Submit the form to the Health and Nutrition Administrative Assistant. The account will be disabled.
3. Request user account for a new employee/user.

## Navigation

All users of CNP Web log on using their user name and password created in the ADE Common Logon.

To log on to the CNP Web site complete the following steps.

1. Open the Internet browser.
2. In the Internet browser address field type the following.

<https://www.ade.az.gov/commonlogon>

The ADE Common Logon page appears.

ARIZONA DEPARTMENT OF EDUCATION

COMMON LOGON

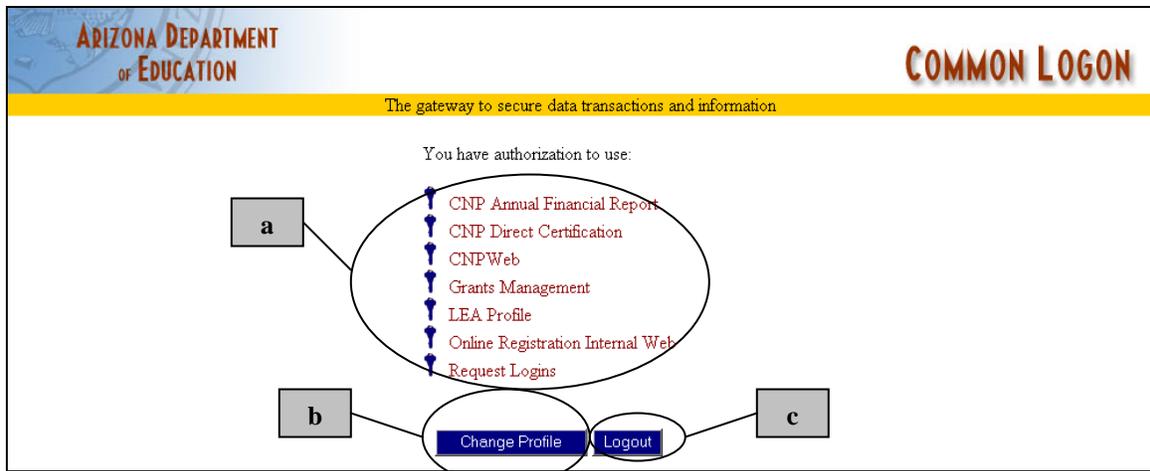
The gateway to secure data transactions and information

Username:

Password:

- We have recently changed our practices regarding passwords and user accounts. [Click here](#) for more information.
- If you have lost your password [Click here](#).
- To launch an application the user must have a valid username and password and must agree that, by using that username and password, they will abide by the [ADE Acceptable Use Policy](#).
- Any questions related to Common Logon account, please contact the ADE Support Center at (602) 542-7378 if you are in the Phoenix area. Outside the Phoenix area (866) 577-9636 or E-mail [enterprise@ade.az.gov](mailto:enterprise@ade.az.gov). Or [Click here](#) for more information.
- Check the [MIS Bulletin Board](#) for the latest news and information.

3. Type your user name and password.
4. Click the Continue button.
5. The Common Logon Application Access Menu appears.



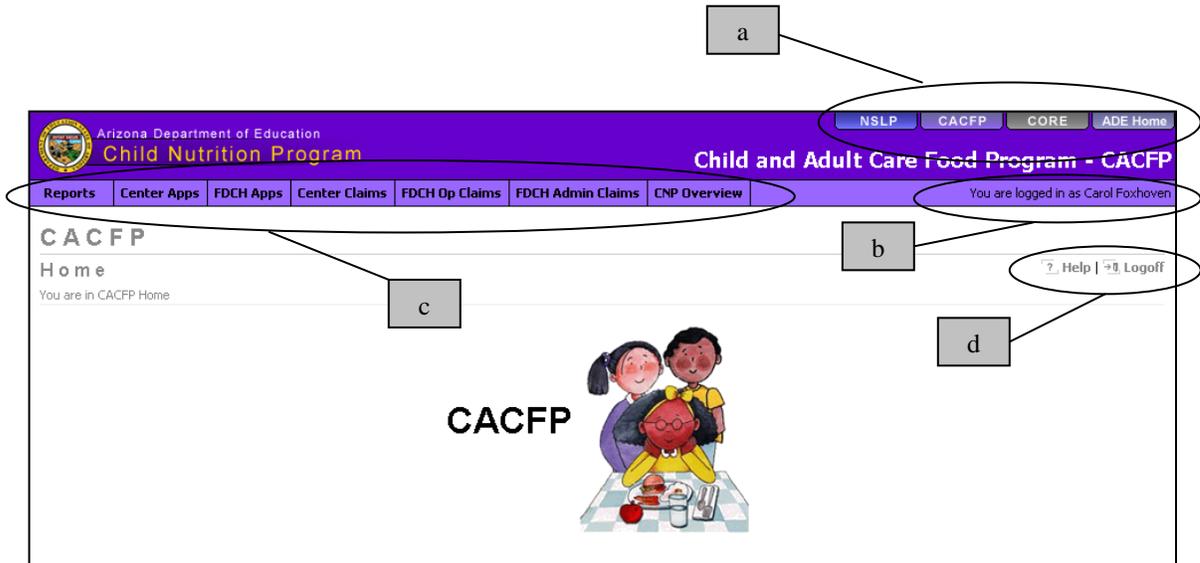
Note the following items on the Application Access Menu.

- a. A customized list of all of the ADE applications you are authorized to access. Click on a listed application to start it.
- b. The Change Profile button lets you change your password at any time.
- c. The Logout button returns to the ADE Common Logon page.

6. Click the CNPWeb link.

This takes you to the CACFP Home page.

- If your security authorizes you to access more than one of the Child Nutrition Programs, the CNP Home page is displayed. Only the programs that you are authorized to access appear on this page.



Note the following items on the CACFP Home Page.

- a. Buttons in the upper right hand corner link to the program home pages. You will only see what your security access allows. The ADE Home button links you to the Department's home page.
- b. Below the program links in the upper right corner is your user name. This information is displayed throughout CNP Web.
- c. The menu bar provides you with access to Reports, Center Applications, FDCH Applications, Center Claims, FDCH Operational Claims, FDCH Administrative Claims and CNP Overview Help Topics. You will only see what your security access allows.
  - Reports – Allows you to access any available reports.
  - Center Applications – Allows you to view, create, revise and submit sponsor and site applications for the CACFP.
  - FDCH Apps – Allows you to view, create, revise and submit sponsor applications for Family Day Care Homes.
  - Center Claims – Allows you to add, revise and submit sponsor and site reimbursement claims for the CACFP.
  - FDCH Op Claims – Allows you to add, revise and submit FDCH Operational claims requesting reimbursement for meals served.
  - FDCH Admin Claims – Allows you to add, revise and submit claim for administrative expenses
- d. Below the links in the upper right are buttons that access the online Help or log off CNP Web. These buttons are displayed throughout the CNP Web system.
  - The Help button displays online Help for the displayed page.

- The Logoff button exits CNP Web and the ADE Common Logon. It returns you to the Arizona Department’s home page.

## Messages

This topic describes the types of messages you might encounter while using the Child and Adult Care Food Program.

### **Process-Level Messages**

Process-level messages inform you when an action that you have taken is not allowed by the system.

Process-level messages consist of a red box near the top of the form, containing text that describes the problem. Each separate problem description is preceded by a red circle with an "x" in it.

#### **Example Text**

“Your application has been saved, however errors encountered during the submit process prevent it from being submitted.

The Site Application cannot be submitted while the Sponsor Application has a status of Submitted. The Site Application may be submitted after ADE approves or rejects the Sponsor Application.”

### **Field-Level Messages**

Field-level messages inform you of:

- Errors that prevent data from being saved from a field on the form to the database. For example, entering text in a number field.
- Conditions that must be corrected before the form is valid. For example, entering a License Number when the center has indicated that it is “Exempt from Licensure Requirements”.
- An unusual condition based on other information that has been provided. For example, a claim where more children were served than the number of Participant Enrolled times Operating Days allow.

Field-level messages consist of a red circle with an "x" in it, displayed to the left of the field where the error occurred and red message text displayed to the right of the field.

#### **Example**

E-Mail Address:		<input type="text"/>	E-Mail Address cannot be blank.
-----------------	---	----------------------	---------------------------------

For each message, read the message text, and then correct the condition that caused the error. Save your changes to the form.

## Tip

For more information about how to correct the error, view the Help for that form and read the instructions for entering data in the field.

## Online Help

The CNP Web Online Help provides the following types of information.

- A general overview of the Child Nutrition programs
- Rules for entering the information on a form
- A comprehensive Glossary of abbreviations and terms associated with each Child Nutrition Program. On the top of the Glossary page, you can search in the Glossary by clicking the letter corresponding to the first letter of the topic for which you are searching.

### Glossary

Choose the first letter of the word you want to find.  
[Numbers & Symbols](#) [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

### Numbers and Symbols

#### 7 CFR

Title 7 of the Code of Federal Regulations. Some parts of the 7 CFR that pertain to the Child Nutrition Programs include, but are not limited to:

- Part 210—Regulations governing the National School Lunch Program
- Part 215—Regulations governing the Special Milk Program
- Part 220—Regulations governing the School Breakfast Program (including Severe Need Breakfast)
- Part 225—Regulations governing the Summer Food Service Program
- Part 226—Regulations governing the Child and Adult Care Food Program
- Part 245—Regulations governing the determination of eligibility for free and reduced price meal benefits in the National School Lunch and School Breakfast Programs and for free milk in the Special Milk Program.

Online Help saves time by answering questions and explaining requirements, error messages and regulations.

## Note

In addition to the online Help, the system also provides messages that explain problems with a form or field.

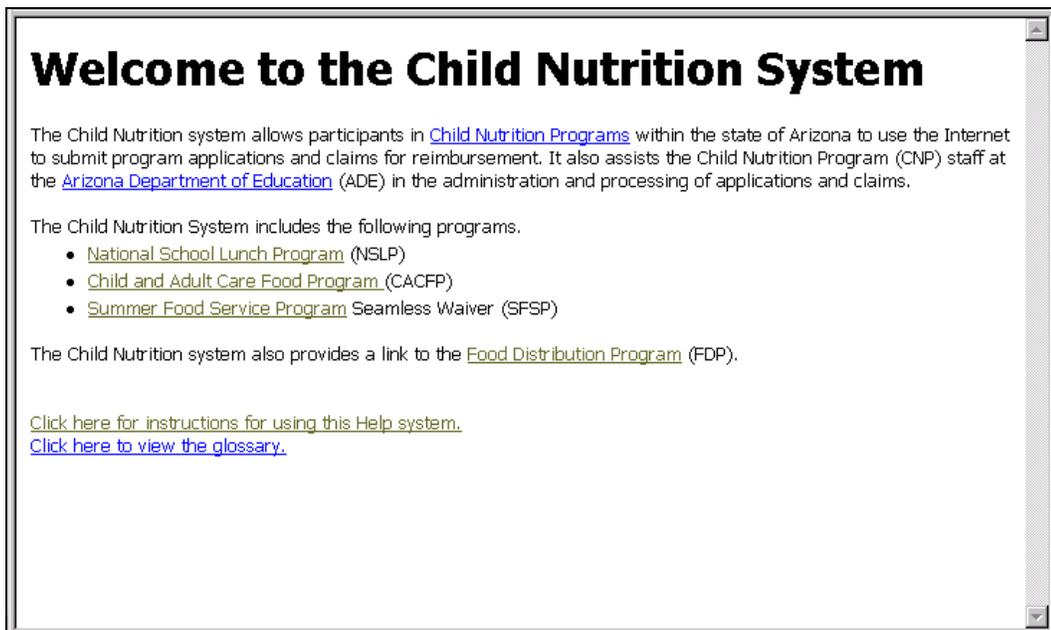
## Overview Help

Overview help can be accessed from any Child Nutrition program by clicking the CNP Overview button on the menu bar. The overview Help contains detailed instructions for using the Help system.

The Help opens in a new browser window. Close the browser window to return to CACFP.

### Example 1

From any CNP Web page, click the CNP Overview button on the menu bar to display Overview Help. Click the links from the Welcome page to learn what online features are available.

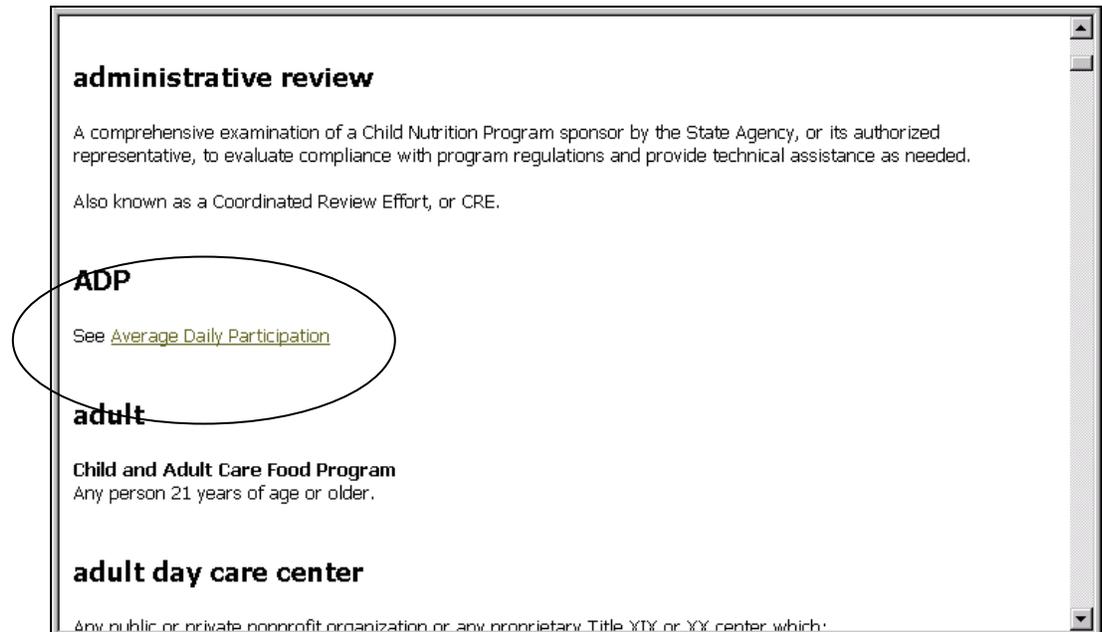


### Example 2

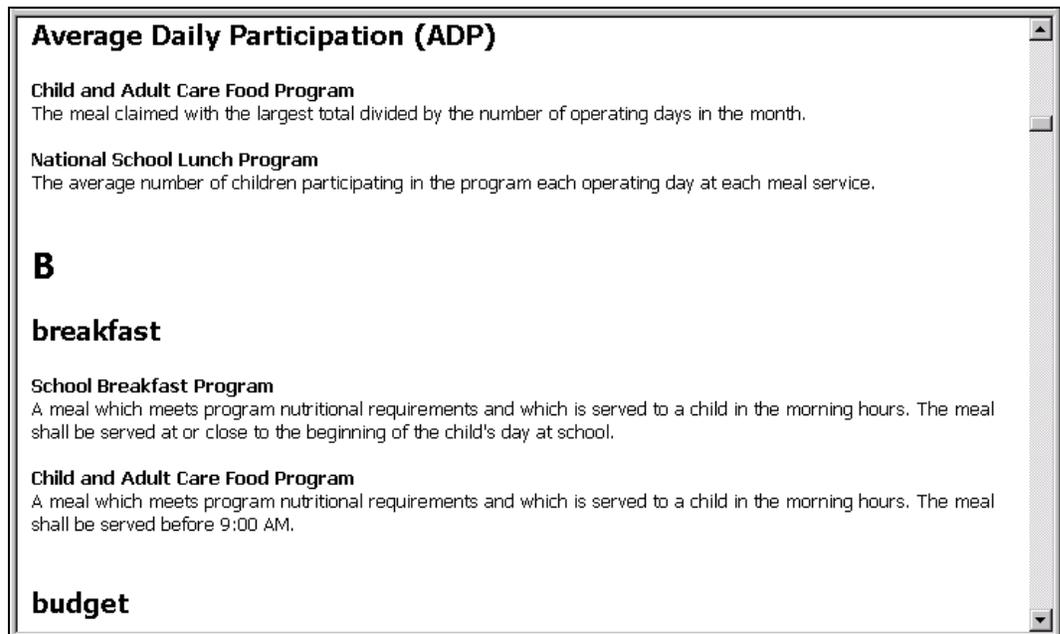
To find the definition for ADP in the Child and Adult Care Food Program, follow these steps.

1. On the CACFP Home page, click CNP Overview in the menu bar.  
The Welcome page is displayed.
2. On the Welcome page, click the phrase "Click here to view the Glossary".

3. Scroll down to ADP.



4. Click the highlighted phrase “Average Daily Participation”.
5. Read the ADP definition pertaining to the Child and Adult Care Food Program. Note that Average Daily Participation is displayed at the top of the page.



6. Close the Glossary window.

## Help for Each Form

Online help provides guidance specific to each displayed form. Detailed online guidance explaining a particular form and its fields is available from any form.

Topics related to a particular screen can be accessed by clicking the Help symbol in the upper right of the displayed page.

Help pages can be open while you are filling out a form. Help windows can cascade or be resized and moved around on your screen.

### Tip

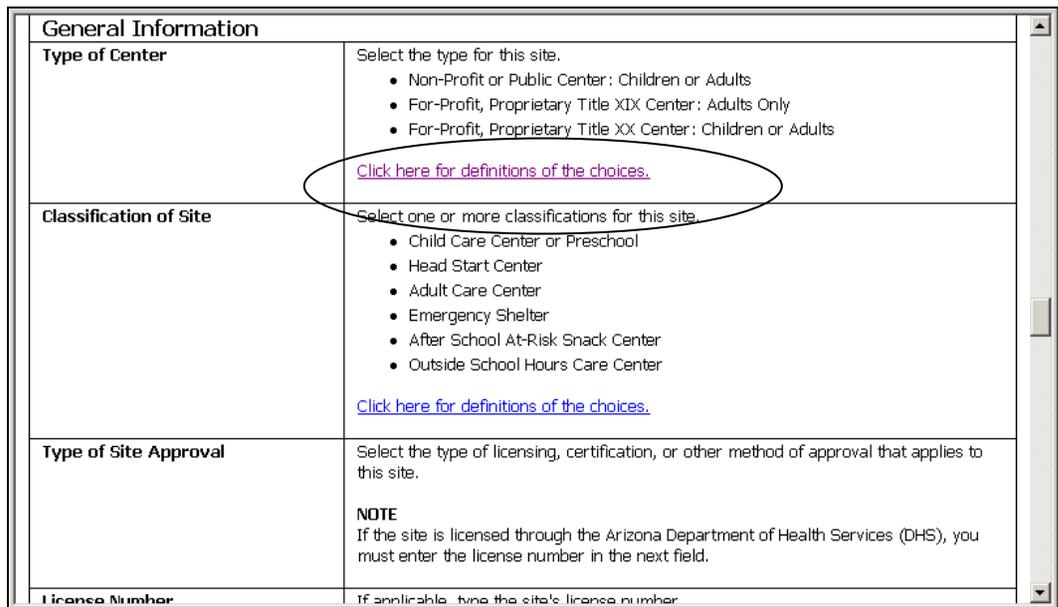
The content of online Help topics can be printed and used as a reference. The printout can be saved and reused the next time you fill out an online form. It can serve as a training guide for learning to use the system.

### Example

While filling out the CACFP site application, you wanted to know the definitions of the different Types of Centers listed in the dropdown list. To find out more about the Type of Center options, you would use the online Help.

Follow these steps to learn about the different Type of Center options.

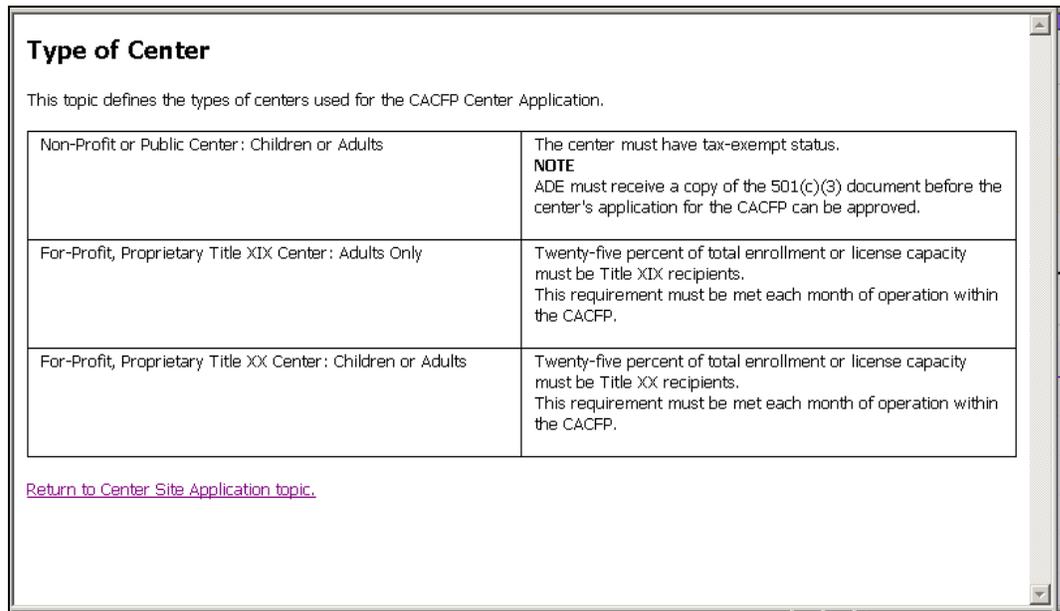
1. Scroll to the top of displayed site application form
2. Click the Help button.
3. From the Table of Contents, click the link to the General Information section.



General Information	
Type of Center	Select the type for this site. <ul style="list-style-type: none"><li>• Non-Profit or Public Center: Children or Adults</li><li>• For-Profit, Proprietary Title XIX Center: Adults Only</li><li>• For-Profit, Proprietary Title XX Center: Children or Adults</li></ul> <a href="#">Click here for definitions of the choices.</a>
Classification of Site	Select one or more classifications for this site. <ul style="list-style-type: none"><li>• Child Care Center or Preschool</li><li>• Head Start Center</li><li>• Adult Care Center</li><li>• Emergency Shelter</li><li>• After School At-Risk Snack Center</li><li>• Outside School Hours Care Center</li></ul> <a href="#">Click here for definitions of the choices.</a>
Type of Site Approval	Select the type of licensing, certification, or other method of approval that applies to this site. <b>NOTE</b> If the site is licensed through the Arizona Department of Health Services (DHS), you must enter the license number in the next field.
License Number	If applicable, type the site's license number.

4. Click the text “Click Here for definitions of the choices”.

5. Read the displayed Help topic.



**Type of Center**

This topic defines the types of centers used for the CACFP Center Application.

Non-Profit or Public Center : Children or Adults	The center must have tax-exempt status. <b>NOTE</b> ADE must receive a copy of the 501(c)(3) document before the center's application for the CACFP can be approved.
For-Profit, Proprietary Title XIX Center : Adults Only	Twenty-five percent of total enrollment or license capacity must be Title XIX recipients. This requirement must be met each month of operation within the CACFP.
For-Profit, Proprietary Title XX Center : Children or Adults	Twenty-five percent of total enrollment or license capacity must be Title XX recipients. This requirement must be met each month of operation within the CACFP.

[Return to Center Site Application topic.](#)

# **Applications**

## **Sponsor Tasks and Responsibilities**

You must submit the sponsor and site applications via an Internet connection. You must also mail any necessary hard copy supplemental forms to ADE. Once the application has been approved, you will be responsible for submitting sponsor and site application changes over the Internet.

## **ADE Tasks/Responsibilities**

Once the site application, sponsor application, and required hard copy supplemental forms have been received; a Child Nutrition Program (CNP) Specialist will review them and approve or reject the application.

The Department of Education will maintain all necessary ADE supplemental forms required for the application process.

Other hardcopy forms may be required in addition to those supplied by ADE.

## **Rules for Entering Data**

The system stores information you type only after you click the Save button. You should click the Save button regularly. The Save button is located in the bottom right hand corner of the application pages.

A blue arrow to the left of the field indicates that it is a required field. You will not be allowed to submit the application until all of the required fields contain valid data.

Fields with dates are in the format mm/dd/yyyy. You must enter a four-digit year.

# Applications Index

## Application Search

The Applications Search allows you to search for sponsor and site applications.

1. Click Center Applications on the menu to access the Applications Index List. The program year and search criteria are displayed for your sponsoring organization.

### Note

The sponsor and sites listed in the Application List are dependent on security rights that have been created for your logon.

The screenshot shows the Arizona Department of Education's Child Nutrition Program website. The page title is "Child and Adult Care Food Program - CACFP". The navigation menu includes "Reports", "Center Applications", "FDCH Applications", and "CNP Overview". The user is logged in as Carol Foxhoven. The main content area is titled "CACFP (Center) Center Application Index". A yellow warning box states: "If you do not see certain Applications it may be due to security settings in place for your logon." Below this, there are search filters: "Program Year" (set to 2003), "Search For" (set to Center), "Search by Name" (set to Begins with...), and "Search by CTDS" (set to 073036). A "Go" button is next to the CTDS field. Below the search filters, another yellow box says: "Select from the index below to list centers beginning with that letter, selecting '0-9' will list any centers that begin with a number." A list of letters (A-Z) and "0-9" is displayed, along with "Expand All" and "Collapse All" links. The first entry in the list is "Cactus Preschool (07-30-36)".

The following items provide a description of how to use the search function:

- a) Select the Program Year - Select the program year for which you want to view applications. Understanding Program Years – The CACFP Program Year begins October 1 and ends September 30. The selected program year should be the ending year. For example, Program Year 2004 began October 1, 2003 and ends September 30, 2004. The program year is 2004.
- b) Search For - Specify whether you are searching for a Center or Site application. The default choice is Center.  
If you search for a site name, the list will contain the sponsor application and only the site(s) that fit the search by name criteria.
- c) Search by Name - To search for an application by the center or site name:
  1. Select the desired **Program Year**.
  2. In the **Search For** list, select whether to search for a Center or Site.
  3. Select **Search by Name**.

4. Select **Begins With**, **Ends With**, or **Contains** to specify the position of the letters within the name.
  5. Type all or part of the legal name of the center or site you are searching for.
  6. Click **Go**.
- d) Search by CTDS - To search for an application by the site CTDS number or center CTD number:
1. Select the desired **Program Year**.
  2. In the **Search For** list, select whether to search for a Center or Site.
  3. Select **Search by CTDS**.
  4. Type the unique County/Type/District/Site identifier used for this center or site throughout Arizona Department of Education's business applications.

Enter the number with no separating punctuation or spaces.

**Example**  
072601

5. Click **Go**.

**Application Tree**

The Applications Tree contains all of the sponsor and site applications for the selected program year.

**CACFP (Center)**  
Center Application Index Help | Logoff

You are in [CACFP Home](#) > Center Application Index

If you do not see certain Applications it may be due to security settings in place for your logon.

Program Year:

Search For:

Search by Name:

Search by CTDS:   (Enter as a number with no punctuation)

Select from the index below to list centers beginning with that letter, selecting '0-9' will list any centers that begin with a number.

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [0-9](#) [Expand All](#) [Collapse All](#)

- [-] Cactus Preschool (07-30-36)
  - [+] Center Applications
  - [+] Associated Site

1. Sponsor Name - The first line on the Application List Tree is the name of the sponsoring organization.

- Center Applications – The center applications contain a list of all of the center applications for the selected program year. The list of center applications allows you to view the application status, edit a pending center application or create a new application.
- Associated Sites – The next level shows a list of the Associated Sites, for the sponsor. Each site in the list allows you to view the sites application status, edit the sites pending application or create a new application.

## Application List

Under the sponsor application and each site is a list of their associated applications. In this view, you can identify the application type, the status, and view the checklist. Also available in the list are links to view, edit or create new application actions. The availability of these links is dependent on the status of the selected application.

Arizona Department of Education  
**Child Nutrition Program**  
 NSLP CACFP CORE ADE Home  
**Child and Adult Care Food Program - CACFP**  
 Reports Center Applications FDCH Applications CNP Overview You are logged in as Carol Foxhoven

**CACFP (Center)**  
 Center Application Index Help Logoff  
 You are in CACFP Home > Center Application Index

If you do not see certain Applications it may be due to security settings in place for your logon.

Program Year: 2003  
 Search For: Center  
 Search by Name: Begins with...  
 Search by CTDS: 103032 Go (Enter as a number with no punctuation)

Select from the index below to list centers beginning with that letter, selecting '0-9' will list any centers that begin with a number.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0-9 Expand All Collapse All

A Place To Grow (10-30-32)  
 Center Applications (1)

Action	Revision	Status	Effective Date	Checklist
Edit	Original	Pending Submission		

Associated Site

## Buttons

The buttons listed below can be found at the bottom of the site and sponsor application forms. Each button will be available at different times, depending on the status of the application.

Save Submit Delete Cancel

### **Save**

Clicking the Save button saves the data from the application to the computer at the ADE. Save frequently. The save button does not submit the application to ADE for approval.

### **Cancel**

Clicking the Cancel button exits from the current form without saving data and returns you to the application list.

Clicking Cancel saves the form in a Pending Submission status.

### **Submit**

Clicking the Submit button sends the application to ADE for approval.

If you click the Submit button on the site application, the form will be held in a Waiting for Sponsor Application status until the Submit button is clicked on the sponsor application.

After the Submit button has been clicked on the sponsor application, the status will be Submitted to ADE and all of the associated sites will have a status of Not-Reviewed.

### **Important**

Do not click the submit button until all of the site applications have been submitted.

### **Delete**

Clicking the Delete button deletes all data, exits the application, and returns you to the application list.

Once the site and sponsor application has been approved the buttons listed below can be found at the bottom of the application.

### **New**

Clicking the New button will allow you to update existing application.

### **Withdraw**

Clicking the Withdraw button withdraws the application, exits the application, and returns you to the application list. Once a site has been withdrawn, you will no longer be able to claim meals for this site.

### **Close**

Clicking the Close button exits from the current form and returns you to the application list without saving any changes.

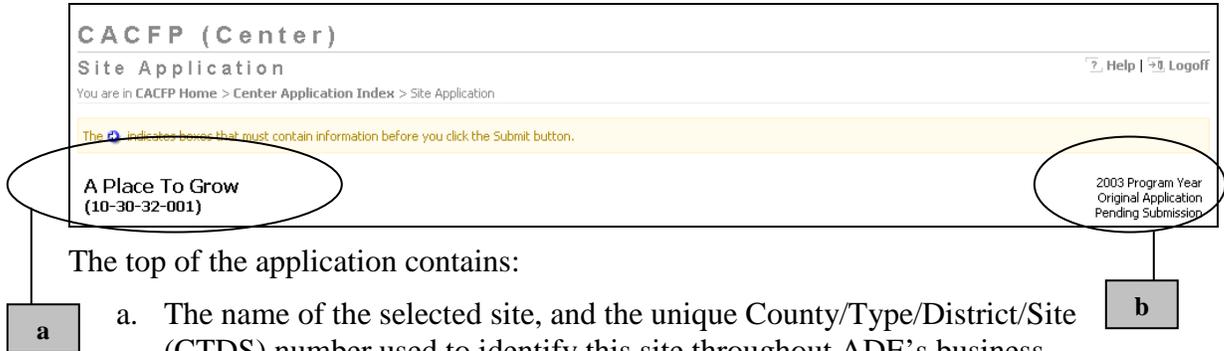
# **Site Application**

## **Application Sections**

- Site Contact
- Physical Address
- Mailing Address
- General Information
- Numbers of Shifts for Each Meal Type
- At-Risk After School Program Description
- Certification Statement

## Entering a New Site Application

From the list of applications, click the “Create New Application” link under an associated site.



- a. The name of the selected site, and the unique County/Type/District/Site (CTDS) number used to identify this site throughout ADE’s business applications.
- b. Details about the application, including:
  - The program year for which the site is applying to participate.
  - The revision status indicating whether the document is the original or has been revised.
  - The status of the displayed application: Pending Submission, Waiting for Sponsor Application, Not Reviewed, Reviewed, Approved, Rejected, or Withdrawn.

Pending Submission indicates that the application has not yet been submitted to ADE for processing. Saving the application leaves it in Pending status.

Waiting for Sponsor Application indicates that the application has been submitted to ADE, but the sponsor application has not been submitted.

Not Reviewed indicates that the application has been submitted to ADE, the sponsor application has also been submitted, but ADE has not reviewed the site application.

Reviewed indicates that the application has been submitted, and that ADE has reviewed the site application but is waiting to review the sponsor application.

Approved indicates that ADE has examined and approved the application and the sponsor application has been approved. Reimbursement claims can be submitted.

Rejected indicates that ADE examined and rejected the site application.

Withdrawn indicates that the sponsor has withdrawn the site from participating in the CACFP.

## Site Contact

1. Site Contact	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
E-Mail Address:	<input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Fax:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>

1. Enter the First Name, Last Name, Title, and Phone Number.
2. The Email Address and Fax Number are optional fields and may be entered, if you choose.

## Physical Address

2. Physical Address	
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="AZ"/>
Zip Code:	<input type="text"/> - <input type="text"/>
<input type="checkbox"/> The Mailing Address is the same as the Physical Address.	

1. Enter the Street Address and City, select the State from the box and enter the Zip Code (the +4 is optional, not required).
2. Click the checkbox if the Physical Address is the same as the Mailing Address.

You may then bypass the Mailing Address section and go to General Information.

## Mailing Address

3. Mailing Address	
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="AZ"/>
Zip Code:	<input type="text"/> - <input type="text"/>

If the Mailing Address is different from the Physical Address:

1. Enter the Street Address and City.
2. Select the State from the list
3. Enter the Zip Code (the +4 is optional, not required).

### **General Information**

<b>General Information</b>	
Type Of Center:	<input type="text" value=""/>
Site Classification:	<input type="text" value=""/>
Type of Site Approval:	<input type="text" value=""/>
License Number:	<input type="text" value=""/>
License Capacity:	<input type="text" value=""/>
License Expiration Date:	<input type="text" value=""/> (Format: mm/dd/yyyy)
First Date of Operation:	<input type="text" value=""/> (Format: mm/dd/yyyy)
Last Date of Operation:	<input type="text" value=""/> (Format: mm/dd/yyyy)
Contract for Food Service:	<input type="text" value=""/>

1. Select the Type of Center.
  - Non-Profit or Public Center: Children or Adults
  - For-Profit, Proprietary Title XIX Center: Adults Only
  - For-Profit, Proprietary Title XX Center: Children or Adults
2. Select the Site Classification.
  - Child Care Center or Preschool
  - Head Start Center
  - Adult Care Center
  - Emergency Center
  - After School At-Risk Snack Center
  - Outside School Hours Care Center
3. Select the Type of Site Approval.
  - Department of Health Services (DHS) License
  - Tribal License or Approval
  - Alternate Approval
  - Exempt from Licensure Requirements

- Type the License Number. The license number must be from 1 to 10 alpha or numeric characters.

**Note**

If the Type of Site Approval is DHS License, the license number is required. License number is optional for all other approval types.

- Type the License Capacity of the center.

**Note**

If the Type of Site Approval is DHS License, the license capacity is required. License capacity is optional for all other approval types.

- Type the License Expiration Date of the center in format (mm/dd/yyyy).

**Note**

If the Type of Site Approval is DHS License, the license capacity is required. License capacity is optional for all other approval types.

- Type the First Date of Operation in the format (mm/dd/yyyy).

The date must begin on or after October 1 of the program year.

- Type the Last Date of Operation in the format (mm/dd/yyyy).

The date must end on or before September 30 of the program year.

- Indicate if you Contract for Food Services or not.

- Yes
- No

**Number of Shifts for Each Meal Type**

5. Number of Shifts for Each Meal Type	
Breakfast:	 <input type="text"/>
Morning Snack:	 <input type="text"/>
Lunch:	 <input type="text"/>
Afternoon Snack:	 <input type="text"/>
Supper:	 <input type="text"/>
Evening Snack:	 <input type="text"/>
At-Risk After School Snack:	 <input type="text"/>

For each meal, that the center will be serving and intends to receive reimbursement for, the number of shifts must be entered.

- If the center serves only one shift per meal type, enter the number one for each meal that will be served.

If the center intends to serve more than one shift for a particular meal, indicate the number of shifts to be served. The center cannot serve more than two shifts per meal.

2. Enter zero, if the center does not intend to serve one of the meals indicated.

### **At-Risk After School Snack Program Description**

<b>6. At-Risk After School Snack Program Description</b>	
Name of Public School Used to Determine Eligibility:	<input type="text"/>
Education or Enrichment Activities in the After School Program:	<input type="text"/>
Eligibility Begin Date:	<input type="text"/> (Format: mm/dd/yyyy)
Eligibility End Date:	<input type="text"/> (Format: mm/dd/yyyy)
Eligibility:	<input type="text"/>

If you are participating in the After School Care Snack program, you must complete this section. The information in this section must be completed, if you have entered a number greater than zero in the number of shifts for At-Risk After-School Snack.

1. Type the Name of the Public School Used to Determine Eligibility.
2. In the Education or Enrichment Activities field, type a description of the activities that your organization is involved in that makes you eligible to participate in the At-Risk After-School Snack program. You must type more than 20 characters in this field.

### **Certification Statement**

<b>9. Certification Statement</b>
I certify that the information on this application is true to the best of my knowledge. I agree to the terms and conditions as defined in the Food Service Agreement and understand that this information is being given in connection with Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.
<input type="checkbox"/> I Agree

You must read the certification statement and agree to all conditions before selecting the “I Agree” checkbox and submitting the Application.

## **Submitting the Site Application**

After you have created and saved the site application, click Submit to send it to ADE for review and approval. The site application will remain in Waiting for Sponsor Application status until the sponsor application is submitted to ADE.

## **Revising an Application**

To revise an approved, rejected, or withdrawn site application, go to the application list and click the Create New Application link associated with the site. A new application is created from the most recent data. Make your changes, review and submit the application.

## **Effects of Making Changes**

Claim forms are built from the approved application in effect during the claim month. If you revise an application by adding meal type, you will not be able to submit a claim for the new meal until the revised application has been approved.

If you created a claim prior to adding meal type, you will have to delete it and create a new claim for that month to reflect application change.

### **Example**

If you apply for the At-Risk After-School Snack in January, you cannot claim After School Snack for December. You must wait until the revised application is approved and After School Snack appears on the claim form. If you create January claim before the revised application is approved the claim will not display After School Snack. Delete the existing claim and create new claim that will reflect the added meal type.

## **Printing a Site Application**

To print a copy of the application, click the print icon on the browser toolbar.

# **Sponsor Application**

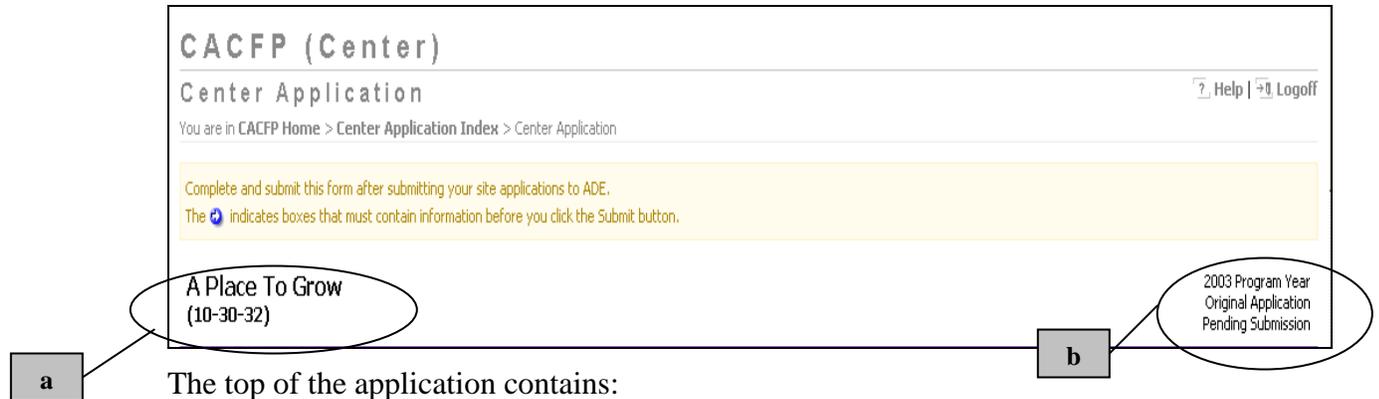
## **Application Sections**

The sponsor application contains the following sections.

- Sponsor Representative
- Record Keeper
- Physical Address
- Mailing Address
- General Information
- Projected Annual Income
- Projected Annual CACFP Expenses
- Advance
- Certification Statement

## Entering a New Application

From the List of Applications, click Create New Application. The sponsor application is displayed.



The top of the application contains:

- a. The name of the sponsoring organization, and the unique County/Type/District (CTD) number used to identify this sponsor throughout ADE's business applications.
- b. Details about the application, including:
  - The program year for which the sponsor is applying to participate.
  - If the displayed application has been approved, the system displays the start date when the application goes into effect. (Not shown)
  - The revision status indicating whether the document is the original or has been revised.
  - The status of the displayed application: Pending, Submitted, Approved, Rejected, or Withdrawn.

Pending Submission indicates that the application has not yet been submitted to ADE for processing. Saving the application leaves it in Pending status.

Submitted to ADE indicates that the application has been submitted to ADE for review.

Approved indicates that ADE has examined and approved the sponsor application.

Rejected indicates that ADE examined and rejected the sponsor application.

Withdrawn indicates that the sponsor has withdrawn from participating in the CACFP.

## **Sponsor Representative**

<b>1. Sponsor Representative</b>	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
E-Mail Address:	<input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Fax:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Receive System E-Mail:	<input type="checkbox"/>

The Sponsor Representative is the person at the sponsoring organization that is authorized to make decision related to the CACFP. This person is authorized to sign contracts and submit claims on behalf of the organization. This should be the person designated to receive direct mail from ADE.

1. Enter the First Name, Last Name, Title, E-Mail Address, Phone, and Fax.
2. Click the checkbox if the Sponsor Representative should receive System E-Mail. When this box is checked you will receive email notification related to application approvals and claim payments.

## **Record Keeper**

<b>2. Record Keeper</b>	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
E-Mail Address:	<input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Fax:	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Receive System E-Mail:	<input type="checkbox"/>

The Record Keeper should be the person responsible for required CACFP documents such as submitting claims, maintaining meal counts and menus.

1. Enter the First Name, Last Name, Title, E-Mail Address, Phone, and Fax.
2. Click the checkbox if the Record Keeper should receive System E-Mail. When this box is checked you will receive email notification related to application approvals and claim payments.

### **Note**

Someone must be designated to receive system E-mail. This can be the Sponsor Representative, the Record Keeper, or both.

## Physical Address

3. Physical Address	
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="AZ"/>
Zip Code:	<input type="text"/> - <input type="text"/>
<input type="checkbox"/> The Mailing address is the same as the Physical address.	

1. Enter the Street Address and City, select the State from the box and enter the Zip Code (the +4 is optional, not required).
2. If the Physical Address is the same as the Mailing Address, click the checkbox and bypass the Mailing Address section.

## Mailing Address

4. Mailing Address	
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="AZ"/>
Zip Code:	<input type="text"/> - <input type="text"/>

1. If the Mailing Address is different from the Physical Address, enter the Street Address and City.

### **Note**

If you have checked “The Mailing address is the same as the Physical address”, you will not be able to enter any data in the mailing address.

2. Select the State from the list.
3. Enter the Zip Code (the +4 is optional, not required).

## **General Information**

<b>5. General Information</b>		
Type of Sponsoring Authority:		<input type="text"/>
Pricing Policy:		Non-Pricing
Computer Generated Meal Counts:		<input type="text"/>

1. Select your Type of Sponsoring Authority.
  - Public
  - Private, Non-Profit
  - Private, For-Profit
2. Select your Pricing Policy.
  - Pricing
  - Non-Pricing
3. Select where Computer Generated Meal Counts are used.
  - Used At All Sites
  - Used At Some Sites
  - Not Used At Any Sites

## **Projected Annual Income**

<b>6. Projected Annual Income</b>		
Non-CACFP Income:		<input type="text" value="0"/>
Administrative Advance:		<input type="text" value="0"/>
CACFP Income:		<input type="text" value="0"/>
Value of Cash/Non-Cash Donations:		<input type="text" value="0"/>
Value of Excess Personnel Meals:		<input type="text" value="0"/>
Total Income:		\$ 0

1. Enter the dollar amount of Non-CACFP Income that you expect to receive from the operation of the food service program.

### **Example**

The percentage of parent tuition fees that is attributed to the food service budget may be included in the Non-CACFP Income field.

2. If you are requesting Advance by selecting Yes in Section 8, enter the dollar amount of Advance you expect to receive from ADE..
3. Enter the dollar amount CACFP Income that you expect to receive for operation of the CACFP in your organization.

**Example**

CACFP Reimbursement

- 4. Enter the Value of Cash/Non-Cash Donations that you expect to receive for operation of the CACFP in your organization.
- 5. Enter the Value of Excess Meals Served to Personnel that you expect to receive.
- 6. Total Projected Income is calculated by the system based on the information entered above.

**Projected Annual CACFP Expenses**

<b>7. Projected Annual CACFP Expenses</b>	
Salaries:	<input type="text"/>
Benefits:	<input type="text"/>
Staff Training:	<input type="text"/>
Food:	<input type="text"/>
Supplies:	<input type="text"/>
Rent or Mortgage:	<input type="text"/>
Contracted Services:	<input type="text"/>
Communication and Utilities:	<input type="text"/>
Total Projected CACFP Expenses:	\$ 0.00

- 1. Enter the projected annual dollar amount of employee Salaries attributable to the preparation and serving of meals or the administration of the food service program.
- 2. Enter the projected annual dollar amount of employee Benefits attributable to the preparation and serving of meals or the administration of the food service program.
- 3. Enter the projected dollar amount that will be used for Staff Training related to the operation of the food service program. This line item may include the expenses of sending staff to CACFP Workshops.
- 4. Enter the projected annual dollar amount of Food to be used in preparing reimbursable meals for the food service program.
- 5. Enter the projected dollar amount of Supplies to be used in preparing and serving meals for the CACFP.
- 6. Enter the projected dollar amount of the Rent or Mortgage of space that will be utilized to prepare and serve meals. This dollar amount should be based on a percentage of the total Rent or Mortgage.
- 7. Enter the projected dollar amount of Contracted Services.

8. Enter the projected annual dollar amount of Communication and Utilities that are attributable to the operation of the food service. Only that percentage of the Communication and Utilities can be reported as CACFP costs.

**Examples**

All paper products, cleaning supplies, and other non-food items purchased for use in the food service program.

9. Total Projected Expenses is calculated by the system based on the information entered above.

**Advance**

<b>8. Advance</b>	
Request Advance:	<input type="button" value="No"/>

The Arizona Department of Education no longer issues CACFP advances.

**Certification Statement**

<b>9. Certification Statement</b>
<small>I certify that the information on this application is true to the best of my knowledge. I agree to the terms and conditions as defined in the Food Service Agreement and understand that this information is being given in connection with Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.</small>
<input type="checkbox"/> I Agree

You must read the certification statement and agree to all conditions before selecting the “I Agree” checkbox and submitting the Application.

## Submitting the Sponsor Application

After you have created and submitted all of your site applications, click Submit to send the sponsor application and all associated site applications to ADE for review and approval. The status of all sites will change to Not Reviewed and the sponsor application status will be Submitted to ADE.

## Revising an Application

To revise an approved, rejected, or withdrawn application, go to the application list and Click Create New Application. A new application is opened, containing the most recent data. Make your revisions, review and submit the application.

## Effects of Making Changes

If you revise an application such that an additional document must be reviewed by ADE, your application will not be approved until ADE receives and approves the document.

## Printing an Application

To print a copy of the application, click on the print icon on the browser toolbar.

## Supplemental Forms

Although the sponsor and site applications are submitted online, it is still necessary to submit other hardcopy supplemental forms to the ADE. These hard copy forms were discussed during the CACFP Renewal Workshops and must be submitted and approved prior to approval for participation in the CACFP. Selected forms are available for downloading at the Arizona Department of Education Web site at:

<http://www.ade.az.gov/health-safety/cnp/cacfp/child/>

Submit the completed forms to:

**Arizona Department of Education**

**Health and Nutrition Services**

**1535 West Jefferson, Bin #7**

**Phoenix, AZ 85007**

You may track your hardcopy document status by reviewing the Application Item Checklist.

# Application Item Checklist

When you submit your sponsor application, the system automatically creates an item checklist of all the hardcopy forms you need to submit to ADE before you will be approved to participate in the Child and Adult Care Food Program.

Item Description	Received	Received Date	Received By	Approved	Approved Date	Approved By
Computer Generated Meal Count Agreement is required.	<input checked="" type="checkbox"/>	08/08/2002	Stuart Porter	<input checked="" type="checkbox"/>	08/08/2002	Stuart Porter

The checklist contains the following information.

- a. A description of the required document.
- b. The document has been received by ADE, if:
  - There is a checkmark in the box under the word Received.
  - The Received Date is not blank.
  - The Received By field has the name of the person who received the document.
- c. The document has been approved by ADE, if:
  - There is a checkmark in the box under the word Approved.
  - The Approved Date is not blank.
  - The Approved By field has the name of the person who approved the document.

### Note

A document may be received, but not approved by ADE.

## **Viewing the Checklist**

Follow these steps to view the checklist.

1. Go to Application Index and click on Sponsor Name.
2. Click on Sponsor Applications.
3. Click View Checklist next to the most recent application.
4. If desired, print the checklist for use as a reference.

## **Claims**

Participants of the Child and Adult Care Food Program must submit a monthly Sponsor Claim that contains CACFP income and expenses information and Site Claims for all sites that served meals that month. The CNP Web enables sponsors and authorized ADE personnel to add, view, update, revise, and delete sponsor or site claims.

In CNP Web, all reimbursable meals are submitted at the site level; reimbursement payments will go directly to the sponsor.

The sponsor cannot submit claims if the application for the sponsor or for the particular site is not in Approved status.

### **Site Claims**

The site claim requires program participation information and the number of reimbursable meals served. A site claim for each approved site must be submitted for each month of operation.

The meal entry fields on a site claim are based on the approved application for the site. A separate row of input fields is displayed for each approved meal type.

### **Sponsor Claim**

All sponsoring organizations must complete the monthly Sponsor Claim that provides income and expense information. Costs are reviewed to determine whether the sponsoring organization is operating non-profit food service and operating within the approved annual budget.

# Claims Index

## Claims Search

The Claims Search allows you to search for site claims.

1. Click Center Claims on the menu to access the Claims Index. The program year and search criteria are displayed for your center or organization.

### Claims

#### Center Claims Index

You are in [CACFP Home](#) > Center Claims Index

Use the drop-down lists to make your selections.

In **Search by Name**, you have several options. If you know the name of the sponsor or site you want, select **Begins With** and type the letter that it starts with. The sponsors or sites that begin with that letter.

If you're not sure of the name, but you know that it has Mesa in it, select **Contains**, type **Mesa** and click **Go**. The system displays a list of all sites with Mesa in their name.

If you know a site ends in "start", select **Ends With**, type **start** and click **Go**. The system displays a list of all sites that end with "start" (such as Headstart).

Program Year:

Month:

Claim Status:

Search for:

Search by Name:

Search by CTDS:   (Enter as a number with no punctuation)

#### Daisy Education Corporation (10-86-66)

- ▶ [View Meal Service Summary](#)
- ▶ [View Payment Summary](#)
- ▶ [View Accounts Payable/Receivable](#)
- ▶ [View Advance Summary](#)

**April**

Action	Paid	Revision	Type	Status	Last Edited	Last Action
<a href="#">Edit</a>		Original	Regular Claim	Completed	04/30/2004 1:46p	

#### Daisy Early Learning (10-91-66-004)

- ▶ [View Site Meal Service Summary](#)

Action	Paid	Revision	Type	Status	Last Edited	Last Action
<a href="#">View</a>	<input checked="" type="checkbox"/>	Original	Regular Claim	Submtd. for Pmt.	04/30/2004 1:55p	Submitted to Accounting on 05/11/2004

The following items provide a description of how to use the search function.

2. Select the program year for which you want to view claims.

### Note

The program year starts in October and ends in September. For example, Program year 2004 began October 1, 2003 and ends September 30, 2004.

3. Select the month for which you want to view claims.
4. Select claim status - Paid, Submitted to ADE, Pending Submission or All.
5. Search for Sponsor to displays all site claims submitted by the sponsor. Search for Site to display a claim for selected site.
6. Search by Name allows you to search for a claim by the sponsor or site name.
  - a. Select the desired program year.

- b. Select a claim month.
  - c. Select claim status.
  - d. Select whether to search for a sponsor or site.
  - e. Select Search by Name and Begins With, Ends With, or Contains to specify the position of the letters within the name.
  - f. Type all or part of the legal name of the sponsor or site you are searching for.
  - g. Click Go.
7. Search by CTDS allows you to search for the claims by the sponsor CTD number or site CTDS number.
- a. Select the desired program year.
  - b. Select a claim month.
  - c. Select claim status.
  - h. Select whether to search for a sponsor or site.
  - d. Select Search by CTDS.
  - e. Type the unique County/Type/District/Site (CTDS) identifier used for this sponsor or site throughout Arizona Department of Education's business applications. Enter the number with no separating punctuation or spaces.

**Example**

108666

- f. Click Go.

## Site Claims

The following steps will allow you to create a claim in the system.

1. From the CACFP Home page, click Center Claims on the menu bar.
2. Select a site from the display list or enter search criteria.
3. Click on Create New Claim.

**CACFP**  
Center Site Claim Help | Logoff

You are in > > Center Site Claim

Enter the information into the form below. Fields that are marked with \* are required.  
Click the Save button to save your changes. Click the Submit button to submit your application to ADE for processing.

**Frontier Elementary School**  
(04-02-10-105)

Sponsored by Payson Unified District (04-02-10)  
2002 Program Year  
October  
Original Claim [Pending Submission](#)

a

The top of the claim contains:

- a. The name of the selected site, and the unique County/Type/District/Site (CTDS) number used to identify this site throughout ADE's business applications.
- b. Details about the claim, including:
  - The name of the sponsoring organization, and the unique County/Type/District (CTD) number used to identify this sponsor throughout ADE's business applications.
  - The program year for which reimbursement is claimed.
  - The month for which reimbursement is claimed.
  - The revision status indicating whether the document is the original or has been revised. When changes are made to a Paid claim, the changed claim is identified as a Revised claim.
  - The status of the claim changes to the following: Pending, Submitted, or Paid.

b

Until you submit a claim to ADE, it remains in Pending Submission status.

Click on the Submit all claims link to submit the claims. Claim status changes to Submitted when you electronically submit all pending site claims. Sponsor claim status changes to Completed.

The claim status changes from Submitted to Paid after the claim is processed by the Health and Nutrition Services and sent to ADE's Accounting Department for payment.

# Creating a New Site Claim

## Program Participation

Program Participation	
Number of Days Served:	<input type="text" value="0"/>
Average Daily Participation:	0
Participants Approved for Free Meals:	<input type="text" value="0"/>
Participants Approved for Reduced-Price Meals:	<input type="text" value="0"/>
Participants Approved for Paid Meals:	<input type="text" value="0"/>
Participants Enrolled:	0
Participants Receiving Title XIX or XX Benefits:	<input type="text" value="0"/>
Percent of Enrolled Participants Receiving Title XIX or XX Benefits:	0

Follow these instructions for entering a site claim.

1. Enter the Number of Days Served during the claim month.
2. After the claim is saved, the system divides the meal type with the highest number of meals served in the claim period by the Number of Days Served, and displays the result as Average Daily Participation.
3. Enter the number of Participants Approved for Free Meals during the claim month.
4. Enter the number of Participants Approved for Reduced-Price Meals during the claim month.
5. Enter the number of Participants Approved for Paid Meals during the claim month.
6. The Participants Enrolled is calculated by the system based on the number entered for the Participants Approved for Free, Reduced-Price and Paid Meals.
7. If the center operates For-Profit, you must enter the number of Participants Receiving Title XIX or XX Benefits.
8. The Percent of Enrolled Participants Receiving Title XIX or XX Benefits is calculated by the system. The formula for determining this is the number of Title XIX or XX divided by the Participants Enrolled.

## **Reimbursable Meals Served**

<b>Breakfast</b>	
Breakfast:	<input type="text" value="0"/>
Free Meals Served:	0
Reduced-Price Meals Served:	0
Paid Meals Served:	0
<b>Lunch</b>	
Lunch:	<input type="text" value="0"/>
Free Meals Served:	0
Reduced-Price Meals Served:	0
Paid Meals Served:	0
<b>Afternoon Snack</b>	
Afternoon Snack:	<input type="text" value="0"/>
Free Meals Served:	0
Reduced-Price Meals Served:	0
Paid Meals Served:	0

Follow these instructions for entering the reimbursable meals served for Breakfast, Morning Snack, Lunch, Afternoon Snack, Supper, Evening Snack or At-Risk After-School Snack.

1. Enter the number of reimbursable meals served for each meal type.
2. The system automatically calculates the Free, Reduced and Paid meals served for each meal type based on the number of participants approved in each of the categories. All At-Risk After School Snack meals are reimbursed at Free rate.

### **Advantage of Meal Percentage vs. old Blended Rate Reimbursement.**

Starting with program year 2003, reimbursements for CACFP are being calculated using a simplified blended meal percentage rather than the old blended rate formula. The blended meal method requires sponsoring organization to submit monthly counts of free, reduced and paid children approved. When the sponsoring organization is audited or reviewed, the reviewer will be looking at the children approved for a single month rather than the annual enrollment periods, as in past. If the sponsoring organization has incorrectly categorized the approved children, the over/under payment will affect one month only.

### **Claim Errors**

For each of the meals claimed, the system validates that the number of meals claimed is less than or equal the number of participants enrolled times the number of days served, as reported on the claim, times the number of shifts reported on the site application. If an error occurs, it will be displayed in red to the right of the meal that exceeded the validation check.

# Creating a New Sponsor Claim

**Note: You must enter a Sponsor Claim prior to submitting Site Claims for payment.**

The following steps will allow you to create a claim in the system.

1. From the CACFP Home page, click Center Claims on the menu bar.
2. Click on Create New Sponsor Claim.

<b>Center Apps</b>	<b>FDCH Apps</b>	<b>Center Claims</b>	<b>FDCH Op Claims</b>	<b>FDCH Admin Claims</b>	<b>Reviews</b>	<b>Deficiencies</b>	<b>CNP Overview</b>
<h2>Claims</h2>							
<h3>Center Sponsor Claim</h3>							
You are in <a href="#">CACFP Home</a> > <a href="#">Center Claims Index</a> > Center Sponsor Claim							
Enter the information into the form. For meal quantities that are unknown or none served, enter zero (0). Click <b>Save</b> to save your changes or click <b>Cancel</b> to return to the Center Claims Index. Be sure to enter only <i>whole numbers</i> (no decimals/cents).							
<b>Marana Unified District</b> <b>(10-02-06-000)</b>							
<b>Regular Claim</b>							
 <b>This claim has not yet been saved. Please be sure to click the Save button below before leaving this claim.</b>							
<b>Monthly Income</b>							
Non-CACFP Income:							
CACFP Income:							
Value of Cash/Non-Cash Donations:							
Value of Excess Personnel Meals:							
Total Income:							\$ 0

Follow the instructions for entering monthly income.

1. Enter the dollar amount of Non-CACFP Income that you received from the operation of the food service program.

### Example

The percentage of parent tuition fees that is attributed to the food service budget may be included in the Non-CACFP Income field.

2. Enter the dollar amount CACFP Income that you received for operation of the CACFP in your organization.

### Example

CACFP Reimbursement

3. Enter the Value of Cash/Non-Cash Donations that you received for operation of the CACFP in your organization.
4. Enter the Value of Excess Meals Served to Personnel that you received.
5. Total Income is calculated by the system based on the information entered above.

Monthly CACFP Expenses	
Salaries:	<input type="text"/>
Benefits:	<input type="text"/>
Staff Training:	<input type="text"/>
Food:	<input type="text"/>
Supplies:	<input type="text"/>
Rent or Mortgage:	<input type="text"/>
Contracted Services:	<input type="text"/>
Communication and Utilities:	<input type="text"/>
Total Projected CACFP Expenses:	\$ 0

Enter following monthly CACFP expenses.

1. Enter the dollar amount of employee Salaries attributable to the preparation and serving of meals or the administration of the food service program.
2. Enter the dollar amount of employee Benefits attributable to the preparation and serving of meals or the administration of the food service program.
3. Enter the dollar amount for Staff Training related to the operation of the food service program. This line item may include the expenses of sending staff to CACFP Workshops.
4. Enter the dollar amount of Food used in preparing reimbursable meals for the food service program.
5. Enter the dollar amount of Supplies used in preparing and serving meals for the CACFP.
6. Enter the dollar amount of the Rent or Mortgage of space utilized to prepare and serve meals based on a percentage of the total Rent or Mortgage.
7. Enter the dollar amount of Contracted Services.
8. Enter the dollar amount of Communication and Utilities that are attributable to the operation of the food service. Only that percentage of the Communication and Utilities can be reported as CACFP costs.

### Examples

All paper products, cleaning supplies, and other non-food items purchased for use in the food service program.

9. Total of Actual CACFP Expenses is calculated by the system based on the information entered above.

## Year-To-Date Comparison

<b>Calculated CACFP Income</b>	<b>Actual YTD</b>	<b>Approved</b>	<b>YTD Percentage</b>
Non-CACFP Income	\$ 520,987	\$ 5,500,000	9.47 %
Administrative Advance		\$ 0	
CACFP Income	\$ 60,943	\$ 64,800	94.05 %
Value of Cash/Non-Cash Donations	\$ 0	\$ 0	0 %
Value of Excess Personnel Meals	\$ 0	\$ 0	0 %
<b>Total Income</b>	<b>\$ 581,930</b>	<b>\$ 5,564,800</b>	<b>10.46 %</b>

<b>Calculated CACFP Expenses</b>	<b>Actual YTD</b>	<b>Approved</b>	<b>YTD Percentage</b>
Salaries	\$ 27,623	\$ 795,265	3.47 %
Benefits	\$ 1,000	\$ 12,000	8.33 %
Staff Training	\$ 0	\$ 2,400	0 %
Food	\$ 58,179	\$ 600,791	9.68 %
Supplies	\$ 4,167	\$ 33,436	12.46 %
Rent or Mortgage	\$ 76,000	\$ 92,000	82.61 %
Contracted Services	\$ 78,583	\$ 943,000	8.33 %
Communication and Utilities	\$ 1,320	\$ 15,840	8.33 %
<b>Total Projected CACFP Expenses</b>	<b>\$ 246,872</b>	<b>\$ 2,494,732</b>	<b>9.9 %</b>

This section of a Sponsor Claim allows you to track actual year-to-date income and expenses and compare them with the approved budget.

## Submitting Claims

Claims are submitted as a group. After each of your site claims is entered and saved, click Submit All Claims on the claims index page. Claims can be submitted only after the claim month ended. New claims can be created for up to 60 days following the last day of the claim month.

The program checks the data in each claim.

- If no errors are found, the program displays a confirmation page. Print the confirmation page for your records.
- If the program finds errors in any claims, it displays a list of site claims that contain errors. Claims with errors may be saved in Pending status. However, they will not be submitted.

To correct errors, click edit on the appropriate claim to open it in Pending status and view:

- Messages describing errors found
- Markers indicating where the errors occurred

### Note

The claim must be submitted again. Click the Submit All Claims link.

## Combining Claims

Claims from two months may be combined if one of the months includes not more than ten (10) days of program operation.

Report the combined claim for the month with the largest number of operating days.

### **Example**

If you combine May with 21 operating days and June with 7 operating days, the claim will be a May claim with 28 operating days.

### **Important**

Due to the annual change in reimbursement rates, do not combine June and July claims.

Due to the change in federal fiscal years, do not combine September with October.

## Revising a Claim

### **Effect of Changes**

When you edit a claim that has not been paid, the system changes the claim status back to Pending and keeps the same revision status as Original Claim. You must resubmit the claim when you finish making your changes.

When you change a claim that has been paid, the system identifies the changed claim as the next revision number. Revised claims that reflect a payment to the sponsor can only be submitted within 60 days of the last day of the claim month.

### **One Time Exception**

An exception may be granted for the submission of a claim past 60 days of the last day of the claim month, if a similar exception has not been granted during the previous 36-month period. In order to receive this exception, an acceptable Corrective Action Plan (CAP) must be submitted to the Arizona Department of Education, Health and Nutrition Services for approval. The decision to grant this exception will be based on the acceptability of the CAP. The CAP must contain the following:

1. A description of the problem contributing to the lateness of the claim.
2. Actions to be taken to avoid any future late claim submissions.
3. The signature of the person who entered into the agreement with the State.
4. A statement saying that you understand another exception will not be granted for a 36-month period.

Upon receipt of your CAP in this office, it will be reviewed to determine whether it sufficiently addresses the reason for lateness and the actions to remedy the late submission. If your CAP is approved, late claim will be processed for payment.

## **Printing a Claim**

To print a copy of the claim, click the print icon on the browser toolbar.

## Statements and Summaries

The CNP Web provides online meal and payment summaries, accounts payable and receivable statement and advance summary. Clicking the Center Claims menu item will access the claims index page that contain links to the statements and summaries.

The screenshot shows the 'Claims Center Claims Index' page. At the top, it says 'You are in CACFP Home > Center Claims Index'. Below this is a yellow instruction box: 'Use the drop-down lists to make your selections. In Search by Name, you have several options. If you know the name of the sponsor or site you want, select **Begins With** and type the letter that it starts with. The sponsors or sites that begin with that letter. If you're not sure of the name, but you know that it has Mesa in it, select **Contains**, type **Mesa** and click **Go**. The system displays a list of all sites with Mesa in their name. If you know a site ends in "start", select **Ends With**, type **start** and click **Go**. The system displays a list of all sites that end with "start" (such as Headstart).

The search filters are: Program Year: 2004, Month: April, Claim Status: [ All ], Search for: Sponsor. There are two search options: 'Search by Name' (radio button) and 'Search by CTDS' (radio button, selected). The 'Search by Name' dropdown is set to 'Begins with...' and is empty. The 'Search by CTDS' input field contains '108666'. There are 'Go' buttons next to both search options.

Callout 'a' points to the 'View Meal Service Summary' link under 'Daisy Education Corporation (10-86-66)'. Callout 'b' points to the 'Search by Name' dropdown. Callout 'c' points to the 'View Accounts Payable/Receivable' link. Callout 'd' points to the 'View Site Meal Service Summary' link under 'Daisy Early Learning (10-91-66-004)'.

Action	Paid	Revision	Type	Status	Last Edited	Last Action
<a href="#">Edit</a>		Original	Regular Claim	Completed	04/30/2004 1:46p	

Action	Paid	Revision	Type	Status	Last Edited	Last Action
<a href="#">View</a>	☑	Original	Regular Claim	Submtd. for Pmt.	04/30/2004 1:55p	Submitted to Accounting on 05/11/2004

The following links provide meal and reimbursement information:

- View Meal Service Summary – View your site or sponsor reimbursement claims and the rates used to calculate reimbursement.
- View Payment Summary – The payment summary reflects the amount of each check issued during the program year.
- View Accounts Payable/Receivable Statement – This statement shows funds due to your center or amount owed to ADE.
- View Advance Summary – Advances are no longer issued by ADE.

## View Meal Service Summary

The Meal Service Summary provides a breakdown of the free, reduced, and paid meals, the reimbursement rate each meal type was paid at and the amount of reimbursement for that site claim.

**Claims**  
**Site Meal Service Summary**  
 You are in CACFP Home > Center Claims Index > Site Meal Service Summary

Calendar Year: 2002  
 Month: December

**Melissa's Little Angels (02-87-10)**  
 2002 December

Meal	Count	Rate	Amount
<b>Original</b>			
<b>Breakfast</b>			
Free Meals Served	162	1.1700	\$189.54
Reduced-Price Meals Served	103	0.8700	89.61
Paid Meals Served	0	0.2200	.00
		<b>Total:</b>	<b>\$279.15</b>
<b>Morning Snack</b>			
Free Meals Served	0	0.5800	\$.00
Reduced-Price Meals Served	0	0.2900	.00
Paid Meals Served	0	0.0500	.00
		<b>Total:</b>	<b>\$.00</b>
<b>Lunch</b>			
Free Meals Served	289	2.1400	\$618.46
Reduced-Price Meals Served	184	1.7400	320.16
Paid Meals Served	0	0.2000	.00
		<b>Total:</b>	<b>\$938.62</b>
<b>Afternoon Snack</b>			
Free Meals Served	182	0.5800	\$105.56
Reduced-Price Meals Served	116	0.2900	33.64
Paid Meals Served	0	0.0500	.00
		<b>Total:</b>	<b>\$139.20</b>
<b>Claim Total:</b>			<b>\$1,356.97</b>

Site Meal Service Summary contains:

- Meal – Description of the meals by program and category (free, reduced-price and paid).
- Count - Meal counts taken from the site claim.
- Rate - Current reimbursement rate that the claim was paid on.
- Amount - Total amounts paid by program and category.

### Note

From the Claims Index, click on View Meal Service Summary to view sponsor reimbursement for the claim month. The information is the same as the site meal service summary except that the sponsor summary includes totals from all sites.

## **View Payment Summary**

The Payment Summary provides a detailed breakdown of the payments. This summary details the claim months and amount paid.

<b>Claims</b>		
<b>Payment Summary</b>		
You are in <a href="#">CACFP Home</a> > <a href="#">Center Claims Index</a> > <a href="#">Payment Summary</a>		
<b>Program Year 2003</b>		
<b>Period</b>	<b>Entry Date</b>	<b>Check Amount</b>
<a href="#">2002 November</a>	11/22/2002	\$ 895.00
<a href="#">2002 December</a>	12/06/2002	\$ 752.00
<a href="#">2003 January</a>	01/07/2003	\$ 1,034.00
<a href="#">2003 January</a>	01/31/2003	\$ 796.31

The following steps will allow you to view payments issued for a selected period.

1. From the Claims Index page, click View Payment Summary to view payments for a selected year.
  - Period refers to the month in which the check was issued not to the claim month.
  - Entry Date is the date that the payment was submitted to the ADE Accounting office.
  - Check Amount is the total amount of reimbursement for all sites less any accounts receivable or downward claim revisions.
2. To see the details of each payment, click on the selected month.

# Claims

## Check Summary

You are in [CACFP Home](#) > [Center Claims Index](#) > [Payment Summary](#) > [Check Summary](#)

### Check

Payment Type	Count	Amount
Claims	3	\$ 2,443.31
Advances	2	(\$ 1,647.00)
<b>Check Total:</b>		<b>\$ 796.31</b>

### Claims

CTDS	Period	Revision	Description	Amount
05-22-01-001	2002 November	Original	<a href="#">Original Claim</a>	\$ 619.73
05-22-01-001	2002 October	Original	<a href="#">Original Claim</a>	\$ 394.48
05-22-01-001	2002 December	Original	<a href="#">Original Claim</a>	\$ 1,429.10
<b>Claims Total:</b>				<b>\$ 2,443.31</b>

### Advances

Period	Amount
2002 November	(\$ 895.00)
2002 December	(\$ 752.00)
<b>Advances Total:</b>	<b>(\$ 1,647.00)</b>

The payment summary is only available after the status of a claim changes to Paid. The Check Summary provides the following information:

- Payment Type – For the CACFP, the payment type will be claims or advances.
- Count – The total number of transactions processed in the selected payment.
- Amount – Total amount of the reimbursement paid to the sponsor. If there are parentheses around an amount, it is being subtracted from the payment.
- CTDS – The unique number used by the ADE to identify sponsors and sites. Each CTDS in the list identifies a site.
- Period – Claim month that was processed.
- Revision – The type of claim that was processed, Original or, Revision with a number.
- Description – The description of the claim may include Original, Downward Revised or Upward Revised. Clicking on the text will link you directly to the claim that was processed.
- Amount – The amount of the claim that was processed.
- Advances – The advance month and amount of the advance being recovered from the claim.

## View Accounts Payable/Receivable Statement

The accounts payable and receivable statement contains year-to-date reimbursement distribution for CACFP Food and Cash-in-lieu, balance owed to sponsor or balance owed by sponsor to ADE and outstanding advances to be recovered from future reimbursement claims. This statement can be printed and used as reimbursement verification for audit purpose. Information is only available online for program years 2004 and later (10/1/2003 for CACFP).

<b>Claims</b>						
<b>Accounts Payable/Receivable</b>						
You are in <a href="#">CACFP Home</a> > <a href="#">Center Claims Index</a> > Accounts Payable/Receivable						
<b>Distributions for Program Year 2004</b>						
<b>Batch Date</b>	<b>Batch Number</b>	<b>Claim Date</b>	<b>Transaction Type</b>	<b>CACFP Food</b>	<b>CACFP CIL</b>	<b>CACFP Advances</b>
01/05/2004	038	10/01/2003	Original Claim		\$93.08	
		11/01/2003	Original Claim		\$75.13	
			<b>Distribution</b>			<b>\$168.21</b>
02/02/2004	287	12/01/2003	Original Claim		\$65.83	
			<b>Distribution</b>			<b>\$65.83</b>
02/12/2004	253	10/01/2003	Original Claim	\$689.07		
		11/01/2003	Original Claim	\$526.92		
		12/01/2003	Original Claim	\$427.56		
		01/01/2004	Original Claim	\$850.15		
			<b>Distribution</b>		<b>\$2,493.70</b>	
02/12/2004	253	01/01/2004	Original Claim		\$81.58	
			<b>Distribution</b>			<b>\$81.58</b>
03/11/2004	292	02/01/2004	Original Claim	\$608.70		
			<b>Distribution</b>		<b>\$608.70</b>	
03/11/2004	292	02/01/2004	Original Claim		\$83.00	
			<b>Distribution</b>			<b>\$83.00</b>

The statement provides the following information:

- Batch Date – The date when the payment was processed by the ADE.
- Batch Number – The ADE’s internal number identifying a cluster of claims selected for payment.
- Claim Date – The claim month that was processed.
- Transaction Type – The type of claim that was processed.
- CACFP Food – The amount of reimbursement for food claimed under CACFP.



# Appendix A: Acceptable Use Policy

This appendix contains the complete text of the Acceptable Use Policy of the Arizona Department of Education as of 5/13/02.

## Acceptable Use Policy

The following policy covers the use of electronic communication networks and computer-based administrative applications of the Arizona Department of Education (ADE). This policy applies to all personnel using these intranet, extranet, Internet, and administrative resources, including, but not limited to, officials and employees of schools, school districts, charter schools, and ADE.

Administrative applications may require the collection, storage, and transmission of sensitive, confidential, private, or proprietary information. Such information must be properly safeguarded at all times, and procedures to ensure its security must be adhered to. Such information should be accessible only to properly authorized personnel, and confidential or sensitive information must be securely encrypted during transmission over electronic communication networks.

Use of ADE electronic communication networks and computer-based administrative applications is limited exclusively to business related to ADE. Use for other purposes is not acceptable.

It is not acceptable to use ADE intranet, extranet, Internet, and administrative resources for any purposes which violate U.S. or state laws. It is not acceptable to use these resources so as to interfere with or disrupt network users, services or equipment. Users agree to waive any claim and release ADE, its employees, and agents, from any claim, demand, liability, cause of action, or suit for damages arising out of use of ADE resources, including but not limited to any loss of stored data. Users understand and agree that each time they access ADE resources, they are bound by the terms of this agreement along with any changes or additions to this agreement and the terms of all ADE policies that are in effect at the time they access the system

Use of ADE resources constitutes acceptance by the user of the terms of this agreement.

### **Ownership of Internet-Related systems**

ADE Internet-related administrative application systems are the property of the Arizona Department of Education. They are to be used for business purposes in serving the interests of the ADE and its clients and in the course of normal operations.

### **Monitoring**

ADE reserves the right to monitor all usage to ensure proper working order, appropriate use, the security of data, and to retrieve the contents of any user communication in these systems.

## **Security and Proprietary Information**

Information contained on ADE's Internet-related systems may be either public information or non-public information. Users are required to take all necessary steps to prevent unauthorized access to or disclosure of non-public information.

## **Access and Authentication**

Users are required to keep their passwords secure and unknown to all other persons and shall not share accounts. Authorized users are responsible for the security of their passwords and accounts. Passwords should be changed quarterly and should be at least 8 alphanumeric characters. All default passwords must be changed and all guest or anonymous accounts are prohibited. Authorized users should take steps to prevent unauthorized access to their accounts by logging off when their workstation will be unattended.

## **Restrictions and Prohibitions on Use and Access**

Communications and Internet access should be conducted in a responsible and professional manner reflecting commitment to honest, ethical and non-discriminatory business practice. In furtherance of these goals the following restrictions and prohibitions apply:

### **Data security**

Users must safeguard their logon ID and password from disclosure to any person. Users may not access a computer account that belongs to another user. Users must use their own logon ID and password only, are responsible for all activity on their logon ID, and must report any known or suspected compromise of their ID to ADE Network Administration.

Unauthorized attempts to circumvent data security schemes; identify or exploit security vulnerabilities; or decrypt secure data are prohibited.

Attempting to monitor, read, copy, change, delete, or tamper with another user's electronic communications, files or software without the express authorization of the user is prohibited.

Knowingly or recklessly running or installing (or causing another to run or install) a program (such as a "worm" or "virus") intended to damage or place an excessive load on a computer system or network is prohibited.

Forging the source of electronic communications, altering system data used to identify the source of messages or otherwise obscuring the origination of communications is fraud and is prohibited.

To promote the efficient use and to avoid misuse of Internet-related systems, a copy of this policy statement will be distributed to and must be accepted by all users. Users are required to familiarize themselves with the contents of this statement.

ADE is responsible for protecting users and the system from abuses of this policy. Pursuant to this duty, the system administrator(s) may take any of the following actions reasonably appropriate to the nature of the offense:

Temporary reduction or suspension of computer system privileges.

Referral to the offending user's supervisor.

Permanent access revocation.

For misuse amounting to criminal behavior, referral to appropriate law enforcement agencies.

The ADE as necessary may review sanctions. Alleged violations will be reviewed on a case-by-case basis.

## Appendix B: To Get Help with the System

### CACFP Applications and Program Information

Your CACFP Program Specialist	See Name and Phone Number on Sponsor Application
Receptionist	602-542-8700

### CACFP Claims

Tina Rangel	602-364-2358
Mila Makal	602-542-8714

## Appendix C: Comparison of Meal Percentage Formula vs. Blended Rate Formula

### Example #1 - Meal Percentage Formula

Lunches Claimed = 2165

	Free	Reduced	Paid	Total
Number Approved	98	67	90	255
% of Total Approved	0.3843	0.2627	0.3529	100%
Meals Reimbursed by Category	832	569	764	2165
USDA Reimbursement Rate	\$2.14	\$1.74	\$0.20	
Reimbursement by Category	\$1,780.48	\$990.06	\$152.80	\$2,923.34
Reimbursement Using Meal Percentages = \$2923.34				

### Example #2 - Blended Rates

Lunches Claimed = 2165

	Free	Reduced	Paid	Total
Number Approved	98	67	90	255
% of Total Approved	0.3843	0.2627	0.3529	100%
USDA Reimbursement Rate	\$2.14	\$1.74	\$0.20	
Blended Rate	\$0.8224	\$0.4571	\$0.0706	\$1.3501
Lunches Claimed times Blended Rate Reimbursement =	2165 *	\$1.3501	=	\$2,922.97
Reimbursement Using Meal Percentages = \$2,922.97				

Note: Rounding may vary.

## **Appendix D: Frequently Asked Questions**

### **Q. What forms need to be submitted to the Arizona Department of Education (ADE).**

After you have submitted the online application to ADE, click the view checklist link on the application index page. The checklist identifies all of the hard copy forms that are required by ADE. Some of the forms in the list may be downloaded from the Health and Nutrition Services website. Others may have been provided during the renewal trainings.

### **Q. Am I required to complete an online application every year?**

A. Yes, online application data will be rolled over each year. When the application data is rolled over, you will be required to update the information as necessary and submit them to ADE. In addition to the annual updates, you are required to keep current information in the CNP Web system throughout the year, by submitting application updates as necessary.

### **Q. How long will it take an application to be approved?**

A. Our goal is to have an application approved within two weeks after it has been submitted to ADE for approval. Approval is dependent upon ADE receiving all of the necessary hard copy forms.

### **Q. What if I cannot submit my claim because my Internet access is down?**

A. Submit the claim online as soon as you regain access to the Internet. If you cannot submit your claim by the end of the month, contact Health and Nutrition Services.

### **Q. What is the deadline for claim submission?**

A. The deadline for claim submission is still the 10<sup>th</sup> of each month. Having your claim submitted by the 10<sup>th</sup> will guarantee that it will be processed for payment by the end of the same month.

**Q. What is ADE Common Logon?**

A. ADE Common Logon is the Department of Education's main security database that is used for all of the department online applications.

**Q. How do I get access to ADE Common Logon?**

A. Contact the Health and Nutrition Services at (602) 542-8700. A user agreement form will be faxed to you.

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Debra K. Jackson  
Deputy Associate Superintendent  
Administrative Services  
1535 W. Jefferson  
Phoenix, AZ 85007  
(602) 542-3186

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