



Arizona Department of Education
Community Nutrition Programs
CNPWeb Applications Quick Guide

The following is an overview of accessing and submitting applications in the CNPWeb. For more detailed guidance, please view the [CNPWeb Applications and Claims Webinar](#) or contact your assigned program specialist.

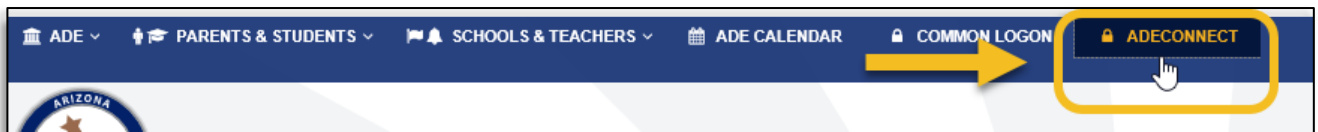
Step 1: Gather Information from your Approved Management Plan and Budget.

To successfully complete your CNPWeb applications, you must input information from your approved Management Plan and Budget. If the information on your CNPWeb applications does not match your approved Management Plan and Budget, they will be rejected and will need to be revised.

Utilize ADE's Renewal Application Resource | Transferring the CNP Management Plans and Budgets to CNPWeb form to ensure readiness for the CNPWeb.

Step 2: Access CNPWeb.

To begin, login to the CNPWeb. To access the CNPWeb, visit www.azed.gov/hns/cacfp and select 'ADEConnect' as indicated below:



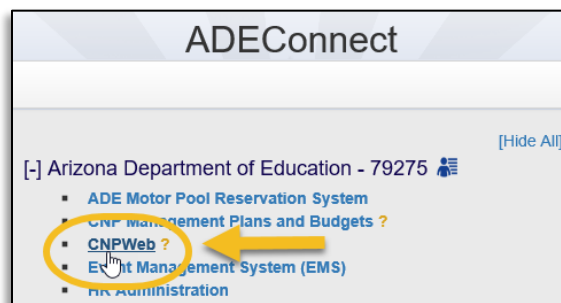
Once loaded, enter your username and password and press 'Sign In.'

Sign in with your organizational account

Password

Sign In

Then, ADEConnect will load. Select 'CNPWeb.'



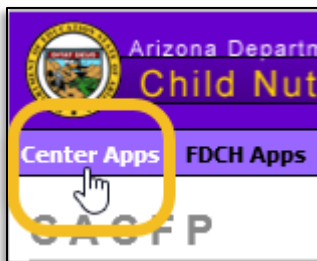
* If CNPWeb is not one of your listed applications, you will need to be granted permissions by your organization's Entity Administrator. For assistance going through these steps, please view [ADEConnect's training video](#).

Once the CNPWeb has loaded, select 'CACFP.'

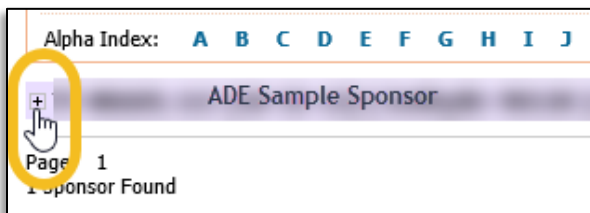


Step 3: Access CNPWeb Applications.

Once you have successfully accessed the CNPWeb, select 'Center Apps.'

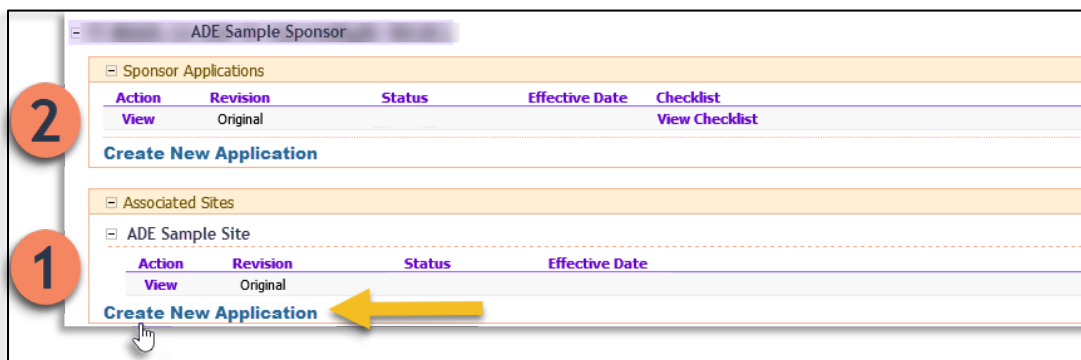


The applications page will load. Once loaded, click on the plus icon [+] to view applications.



Step 4: Complete your Site Application(s).

Select 'Create New Application' under Site Applications. Site applications must be submitted before your sponsor application.



Your site application will load. Using information inputted on the Site Information page of your approved Management Plan, you will now begin completing your site applications.

Section 1: Site Contact. Input the contact information for the person of contact at the site level.

Section 2 and 3: Physical & Mailing Address: Input the Physical and Mailing Address of the site.

Section 4: General Information: This section requires license information, dates of operation, and indication of the use of a food service vendor/caterer.

4. General Information	
Type of Center:	
Classification of Site:	
Type of Site Approval:	
License Number:	
Licensed Capacity:	
License Expiration Date:	
First Date of Operation:	
Last Date of Operation:	
Weekly Days of Operation:	<input type="checkbox"/>
Contract for Food Service:	

First and Last Date of Operation: Unless advised otherwise, the First Date should be 10/1 of the current calendar year. The Last Date should be 9/30 of the following calendar year. These dates reflect the standard CACFP program year of October 1 – September 30.

Section 5: Number of Shifts for Each Meal Type.

Next, you will input your meal times. The times inputted must match the times listed under Site Information on your approved Management Plan. Note! If the times do not match, your application will be rejected.

Management Plan - Site Information

Traditional Meal Participation

Meal Type	First Shift		Second Shift	
	Start	End	Start	End
Breakfast 1hr 30min max				
Morning Snack 1hr max				
Lunch 2hr max				
Afternoon Snack 1hr max				
Supper 2hr max				
Evening Snack 1hr max				

5. Number of Shifts for Each Meal Type

Breakfast:
Breakfast Start Time:
Breakfast End Time:
Morning Snack:
Morning Snack Start Time:
Morning Snack End Time:
Lunch:
Lunch Start Time:
Lunch End Time:
Afternoon Snack:
Afternoon Snack Start Time:
Afternoon Snack End Time:
Supper:
Supper Start Time:
Supper End Time:
Evening Snack:
Evening Snack Start Time:
Evening Snack End Time:

Section 6: At-Risk Meal Service Program Participation. Typically, this section does not apply. Therefore, most commonly, you will select 'No' for each At-Risk meal time. However, if this site is approved to operate the At-Risk Meal Service Program, input the meal times and eligibility information. This must match your approved Management Plan. Eligibility is determined by ADE and must be left blank.

Step 5: Submit Site Applications.

Once you have completed your site application(s), scroll to the bottom and select 'Submit.'

Submit Save Delete Cancel

Step 6: Return to Applications Index Page.

After submitting your site applications, you will be redirected to a page confirming the submission. To return to your applications page, select 'here.'

Click [here](#) to return to the application index.

Once selected, you will return to your Applications Index page.

ADE Sample Sponsor

Sponsor Applications

Action	Revision	Status	Effective Date	Checklist
View	Original			View Checklist

Create New Application

Associated Sites

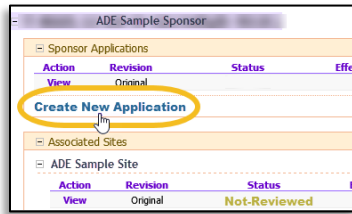
ADE Sample Site

Action	Revision	Status	Effective Date
View	Original	Not-Reviewed	

Note! Your site application(s) will now be in 'Not-Reviewed' status. This means you have submitted your site application(s) correctly. If your site application has a different status listed or you have multiple operating sites, you must repeat steps 3 and 4 until all sites are 'Not-Reviewed.' Once all site applications are in 'Not-Reviewed' status, you are ready to begin your sponsor application.

Step 7: Complete your Sponsor Application.

To begin your sponsor application, select 'Create New Application' under Sponsor Application. Note! Site applications must be submitted before your sponsor application. If you have not submitted your site applications, return to step 3.



The Sponsor Application will load. Using information inputted on your approved Management Plan and Budget, you will now begin completing your sponsor application.

Section 1 and 2: Input the contact information for a Sponsor Representative and Recordkeeper. The contact information listed is used to receive important updates and information from ADE – ensure the information is reflective of accurate program contacts. Note! These applications can be revised at any time. If staff turnover occurs, please update your application to ensure proper contacts are listed.

Section 3 and 4: Physical & Mailing Address.

Input the physical and mailing address of the sponsoring organization.

Section 5: General Information requires the response to four questions.

1. Type of Sponsoring Authority: Select the response that best describes your organization.
2. Do you currently receive USDA Foods: Select 'No.' USDA Foods are not available for operators of the CACFP in Arizona.
3. Pricing Policy: Select 'Non-Pricing.' Currently in Arizona, all CACFP operators are part of the Non-Pricing Program.
4. Computer Generated Meal Counts: Unless you have an approved Computer-Generated Meal Count Agreement, select 'Not Used At Any Sites.'

5. General Information	Typical Responses:
Type of Sponsoring Authority:	Varies.
Do you currently receive USDA Foods:	No.
Pricing Policy:	Non-Pricing.
Computer Generated Meal Counts:	Not Used At Any Sites

Section 6: Projected Annual Income. In this section, you will input five areas of *Projected* Annual Income.

1. Non-CACFP Income: Using the Projected Revenue Sources income chart on the Financial Viability page of your Approved Management Plan, input your Non-CACFP Income.

6. Projected Annual Income

Non-CACFP Income:

Administrative Advance:

CACFP Income:

Value of Cash/Non-Cash Donations:

Value of Excess Personnel Meals:

Total Income:

Projected Revenue Sources

List the available funding sources you plan to use to operate CACFP in the event of interruption or repa that will be available to CACFP, if needed. Note: Donors may not be anonymous.*

Source	Monthly Amount	Allowable for CACFP?
Non-CACFP Income	\$ X	Yes
Non-CACFP Income	\$ Y	Yes
Non-CACFP Income	\$ Z	Yes
	\$	- Select -
	\$	- Select -

Add together all Monthly Amounts Allowable for CACFP and convert to Projected Annual Income by Multiplying by 12.

i.e. $(X+Y+Z) \times 12 = \text{Non-CACFP Income.}$

2. Administrative Advance: Arizona does not issue Administrative Advances to center operators of the CACFP. Input '0.'
3. CACFP Income: Utilizing your Approved Budget, input your anticipated CACFP Reimbursement.

6. Projected Annual Income	Projected Annual Non-CACFP Income for Non-Profit Food Service
Non-CACFP Income:	Total Projected Annual Non-Profit Food Service Costs
Administrative Advance:	Projected Annual CACFP Reimbursement for upcoming fiscal year
CACFP Income:	Projected Annual Revenue Received from Reduced-Price and Paid-households, if Organization has been approved for Pricing Program
Value of Cash/Non-Cash Donations:	

4. Value of Cash/Non-Cash Donations: Typically, operators input '0,' however, if your organization receives Cash/Non-Cash Donations allowable for use for the CACFP, input the approximate projected annual value of the donations in the corresponding field.
5. Value of Excess Personnel Meals: Typically, operators input '0.' Operators may provide staff the benefit of consuming CACFP meals/snacks served. The cost of the meals served are allowable in a ratio of 1 staff meal to every 5 participant meals. If staff meals served exceeds that ratio, the cost of the excess meals must be paid for using non-CACFP funds. If you regularly exceed this ratio, please input the approximate annual value of excess personnel meals.

6. Projected Annual Income	Typical Responses:
Non-CACFP Income:	Varies.
Administrative Advance:	0
CACFP Income:	Varies.
Value of Cash/Non-Cash Donations:	0
Value of Excess Personnel Meals:	0

Section 7 and 8: Projected Annual CACFP Administrative & Operational Expenses.

Input your approved, anticipated program-expenses using the Budget Summary on your approved budget. The following are important pieces to note:

- The figures inputted on these sections of your Sponsor Application must match your approved budget. If the figures do not match, your applications will be rejected.
- The system is unable to register decimal points. Please round all figures to the nearest dollar.

Approved Budget Summary

Budget Summary

Projected Annual CACFP Administrative Expenses

Administrative Cost - Labor	
Administrative Cost - Benefits	
Administrative Cost - Rent/Depreciation	
Administrative Cost - Contracted Services	
Administrative Cost - Communications	
Administrative Cost - Other Costs	
Administrative Cost - Unaffiliated Costs	
Total CACFP Administrative Expenses	

Projected Annual CACFP Operational Expenses

Operating Cost - Labor	
Operating Cost - Benefits	
Operating Cost - Food	
Operating Cost - Supplies	
Operating Cost - Rent/Depreciation	
Operating Cost - Contracted Services	
Operating Cost - Utilities	
Operating Cost - Other Costs	
Operating Cost - Unaffiliated Costs	
Total CACFP Operational Expenses	

CNPWeb Sponsor Application

7. Projected Annual CACFP Administrative Expenses

Administrative Cost - Labor: _____

Administrative Cost - Benefits: _____

Administrative Cost - Rent or Mortgage: _____

Administrative Cost - Contracted Services: _____

Administrative Cost - Communications: _____

Administrative Cost - Other Costs: _____

Administrative Cost - Unaffiliated Costs: _____

Total CACFP Administrative Expenses: _____

8. Projected Annual CACFP Operational Expenses

Operating Cost - Labor: _____

Operating Cost - Benefits: _____

Operating Cost - Food: _____

Operating Cost - Supplies: _____

Operating Cost - Rent or Mortgage: _____

Operating Cost - Contracted Services: _____

Operating Cost - Utilities: _____

Operating Cost - Other Costs: _____

Operating Cost - Unaffiliated Costs: _____

Total CACFP Operational Expenses: _____

Section 9: Certification Statement. Once all other fields on your sponsor application have been complete, read the certification statement. If the statement reads true, select 'I Agree.'

9. Certification Statement

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.

I Agree

Step 8: Submit Sponsor Application.

Once you have completed your sponsor application, scroll to the bottom and select 'Submit.'

Submit

Save

Delete

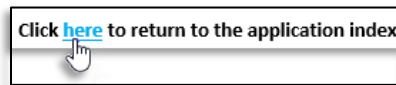
Cancel

After selecting 'Submit,' the following message prompting you to submit all site applications first will load. If you have submitted all of your site applications, select 'OK.' If you have not, select 'Cancel' and repeat the previous steps.

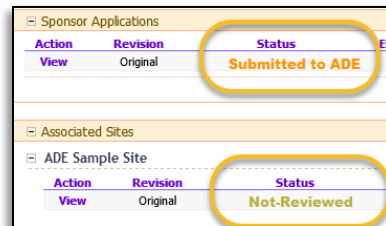


Step 9: Return to Applications Index Page.

After submitting your sponsor application, you will be redirected to a page confirming the submission. To return to your applications page, select 'here.'



Once selected, you will return to your Applications Index page. The status of your sponsor application should now be 'Submitted to ADE.' The status of your site applications should still be 'Not-Reviewed.' If the status of your applications does not match the image below, repeat the steps above.



If the statuses match, ***congratulations!*** You have successfully submitted your CNPWeb applications.

Now, your assigned program specialist will review your submitted applications. If revisions are needed, ADE will reject your applications and you will have to repeat the steps outlined above. If your applications are free of error, they will be approved by ADE and you will be able to begin claiming.

Questions? Please don't hesitate to contact your assigned program specialist or the Specialist of the Day at (602) 542-8700, press 1. ADE is happy to assist you.

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