

How to Request Try it Local Reimbursement in the CNP Supplemental Payments System



Health and Nutrition Services
Arizona Department of Education





Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

This training is intended for School Food Authorities (SFAs) operating the National School Lunch Program (NSLP).

Objectives

At the end of this training, attendees should be able to:

- understand ADE HNS' participation in the Local Food for School Cooperative Agreement Program; and,
- effectively navigate the process of purchasing and receiving Try it Local funding for eligible food purchases.

TRAINING HOURS

Information to include when documenting this training for Professional Standards:

Training Title: How to Request Try it Local Reimbursement in the CNP Supplemental Payments System

Key Area: 3000 - Administration

Learning Code: 3300

Length: 15 minutes

Quiz Time



Throughout this guide, there will be comprehension quiz questions to test your knowledge and help you apply what you're learning. Be sure to review these quiz questions and answers available within the guide.

The question mark icon below will indicate a comprehension quiz question.



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This training is intended to provide an overview of receiving Try it Local reimbursement for eligible food purchases. For more information about Try it Local, please reference [HNS 09-2023: Try It Local: Arizona Local Food for Schools Program and Reimbursement](#).

Overview of the Local Food for Schools Cooperative Agreement Program

SECTION 1



Local Food for Schools Cooperative Agreement Program

Local Food for Schools (LFS) Cooperative Agreement Program established by USDA Agricultural Marketing Service with funding made available through USDA's Commodity Credit Corporation is designed to help states deal with the challenges of supply chain disruptions brought on by the pandemic.

Using LFS funding, the Arizona Department of Education has launched the Try it Local: Local Food for Schools campaign.



Try it Local: Local Food for Schools

LFS COOPERATIVE AGREEMENT IN AZ

Through Try it Local, schools participating in NSLP can be reimbursed for local or regional produced food purchased for use in school meals.

To receive reimbursement, schools must first purchase eligible foods and then upload receipts and invoices to HNS in the online ADEConnect application: CNP Supplemental Payments. Once receipts/invoices have been submitted, they will be reviewed by HNS and reimbursement for all qualifying food purchases will be provided.



Purchase minimally processed local or regional foods to be used in school meals.



Submit invoice or receipt to HNS in ADEConnect: CNP Supplemental Payments.



Receive reimbursement for all qualifying purchased food.



HNS is here to help!

HNS has a dedicated team of specialists eager and available to help SFAs understand and procure local foods eligible for Try it Local funds.

Please submit a [School Interest Form](#) to connect, learn more, and start receiving funds for eligible local foods!

The remainder of this training will provide an overview of requesting Try it Local funds after eligible food purchases have been made. Entities seeking more information about Try it Local are highly encouraged to submit a [School Interest Form](#) to receive direct support from an HNS specialist.

Quiz Time

True or False. Through Try it Local, schools participating in NSLP can be reimbursed for unprocessed or minimally processed local or regional foods purchased for school meals.

A True.

B False.



Quiz Time

True or False. Through Try it Local, schools participating in NSLP can be reimbursed for unprocessed or minimally processed local or regional foods purchased for school meals.

A True.

B False.

True! Through Try it Local, schools participating in NSLP can be reimbursed for unprocessed or minimally processed local or regional produced food purchased for school meals.



Navigating the CNP Supplemental Payments System

SECTION 2



CNP Supplemental Payments

ACCESSING THE SYSTEM

To receive Try it Local reimbursement for eligible food purchases, participating entities must provide receipts and invoices to HNS in the online ADEConnect application: CNP Supplemental Payments.

To access the CNP Supplemental Payments system, login to ADEConnect, select "View Applications," and then select "CNP Supplemental Payments."

1

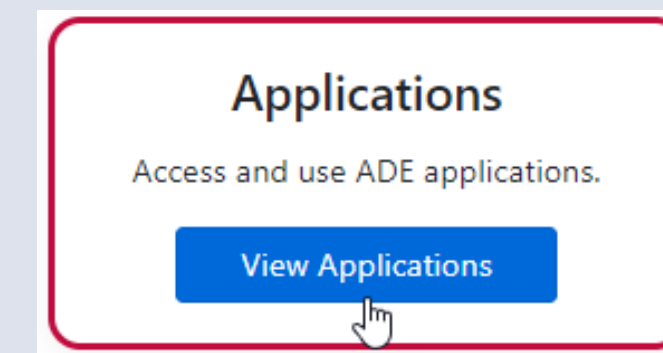
LOGIN TO ADECONNECT

Open a web browser, navigate to adeconnect.azed.gov, and input your username and password for ADEConnect.

2

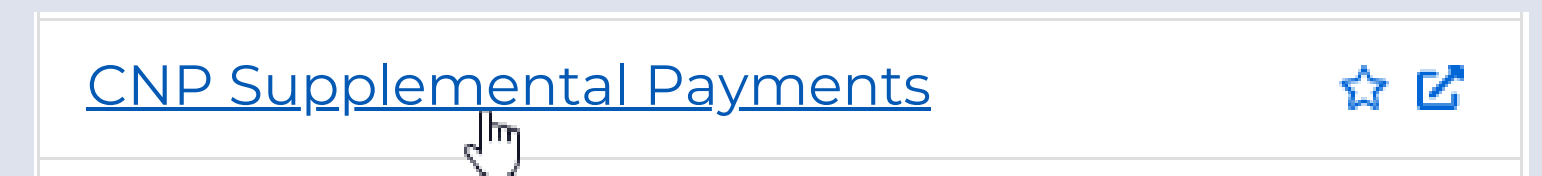
SELECT "VIEW APPLICATIONS"

After logging in to ADEConnect, select "View Applications."

**3**

SELECT "CNP SUPPLEMENTAL PAYMENTS "

Select "CNP Supplemental Payments" from the list of applications in ADEConnect.



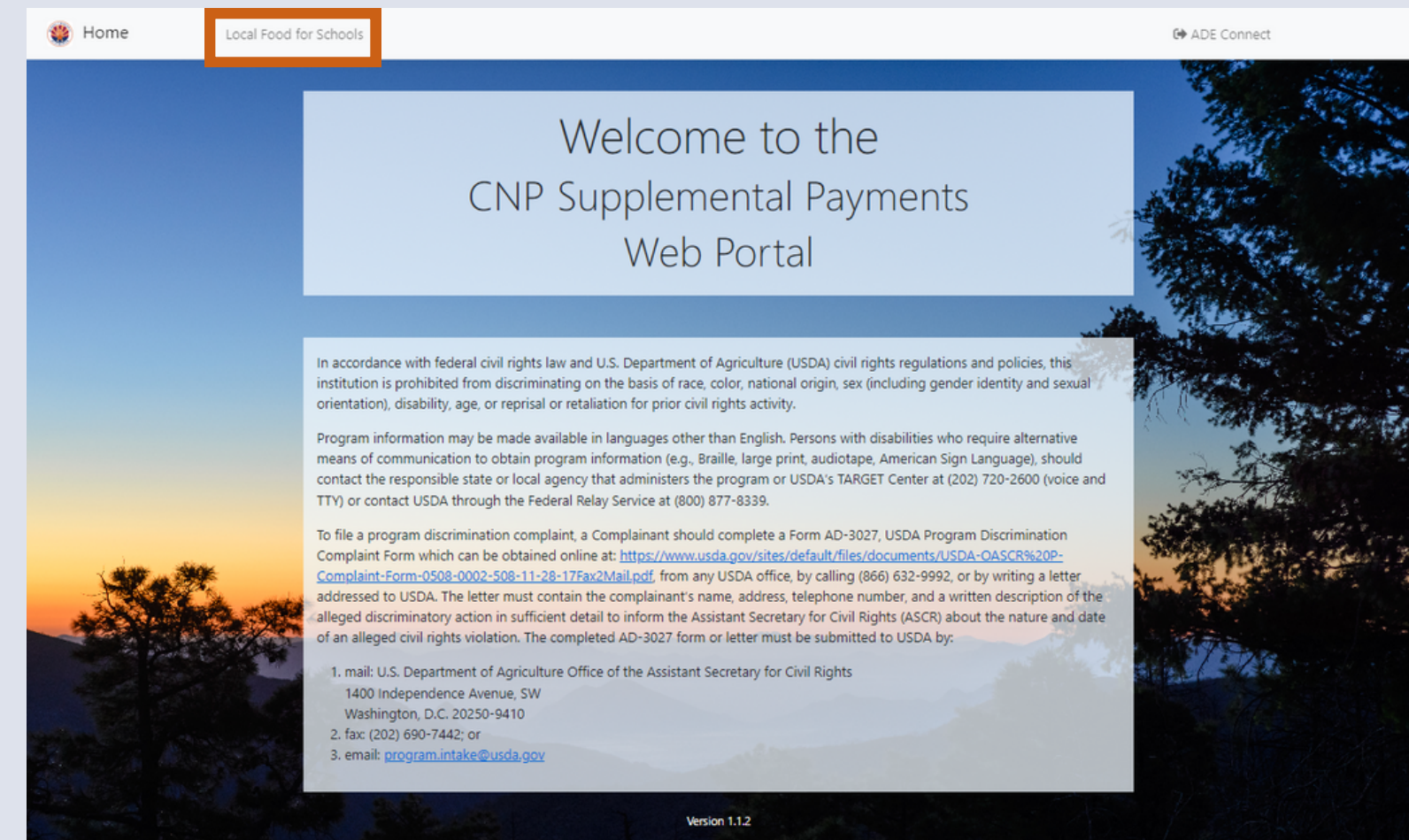
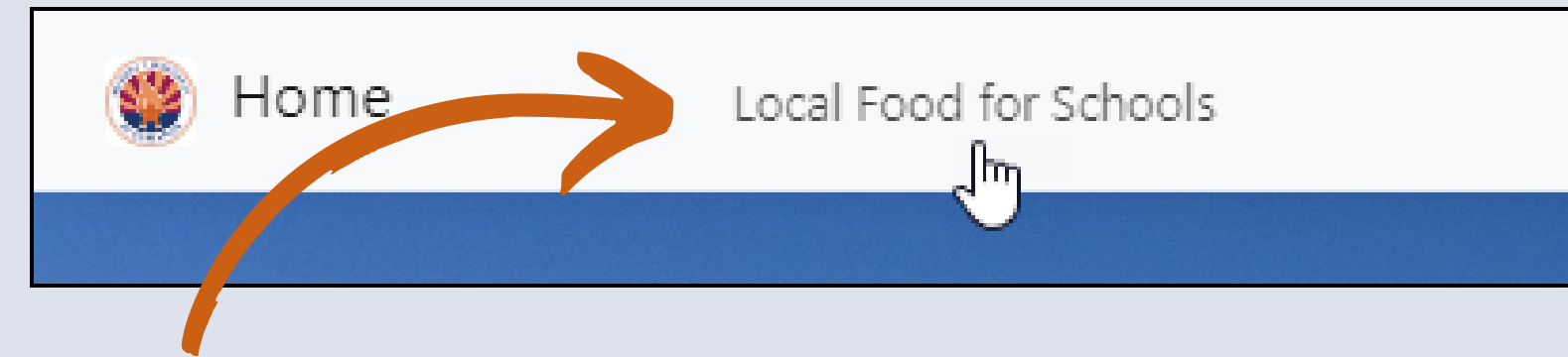
If CNP Supplemental Payments is not a listed application, you must request access from your Entity Administrator. For assistance, please use [ADEConnect's How to Videos](#)

CNP Supplemental Payments

NAVIGATING THE SYSTEM

After successfully logging in to the CNP Supplemental Payments system, a welcome screen will load.

To advance to submitting receipts/invoices for Try it Local reimbursement, select Local Food for Schools in the top toolbar.



CNP Supplemental Payments

NAVIGATING THE SYSTEM

After selecting Local Food for Schools, a webpage with the entity's Invoice List for Try it Local will load. This page lists all active reimbursement requests, including invoices that have been drafted, submitted, and approved and processed for payment.

To initiate a new reimbursement request, select *Upload New Invoice*. The form to complete to request reimbursement for an eligible food purchase will load.

Invoice List

Use this page to view and / or edit the Invoices for a single SFA.

To view / edit an existing Invoice, click the **View / Edit** button on the selected Invoice.

To upload a new Invoice, click the **Upload New Invoice** button.

To delete an existing Invoice, click the **Delete** button on the selected Invoice. This option is not available unless the Invoice is in Submitted status.

2 Invoice(s) Found

Id	Date Uploaded	Submitted By	Approved On	Amount Requested	Amount Approved	Status	Actions
1	8/25/2023 11:55:38 AM	hnsuser@mailinator.com		5,000.00		Submitted	View / Edit Delete
51	9/26/2023 2:35:03 PM	hnsuser@mailinator.com	9/26/2023 2:36:13 PM	100.00	100.00	Approved	View / Edit Delete

Upload New Invoice

Use this page to upload a single Invoice.

All fields below are required except the "Other Vendor..." field.

Select the Vendor in the drop-down that the Invoice is from. If the Vendor isn't listed, type the Vendor name in the "Other Vendor..." field.

Enter the date printed on the Invoice for the Invoice Date. This date must be within the school year, 7/1/2023 to 6/30/2024.

Enter the amount of the Invoice in the Invoice Amount field.

Create a JPEG/JPG or PDF image of the Invoice and upload it to your computer. In the Invoice Image field, click the **Choose File** button and navigate to the image file and click Open or OK.

Read the Attestation text and check the **I Agree** checkbox if you agree.

☐ I understand that the Arizona Department of Education, Health and Nutrition Services does not promote and/or endorse the vendors provided in the below vendor list. The vendors listed are provided to assist the user with submitting invoices.

Vendor:

Other Vendor (for a Vendor not listed above):

If Other Vendor entered (above):

- ☐ Other Vendor is Socially Disadvantaged
- ☐ Other Vendor is a Small Business
- ☐ Other Vendor does not qualify as Socially Disadvantaged or Small Business
- ☐ Unknown if vendor qualifies as socially disadvantaged or small business

Secondary Source:

Invoice Date:

Invoice Amount:

Items Purchased:

Have you purchased from this farmer/producer in the past?

If you have purchased from this farmer/producer in the past, are any of the items on the Invoice a new product line?

Are you likely to purchase from this farmer/producer in the future?

Invoice Image (jpeg / pdf only): No file chosen

Contact Name:

Contact Title:

Contact Phone:

Contact Email:

☐ I Agree

The items reimbursed under Local Food for Schools were used to supplement the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or Seamless Summer Option (SSO).

Only unprocessed or minimally processed local, regional or Arizona grown and produced food products from small and/or socially disadvantaged businesses were purchased.

The School Food Authority (SFA) is in compliance with all existing program requirements regarding recordkeeping and accountability in connection with the use of LFS funding.

Submitting a Try it Local Reimbursement Request

SECTION 3




Try it Local Reimbursement Request

UPLOADING A NEW INVOICE

To request reimbursement for eligible food purchases, entities must submit an invoice form in the CNP Supplemental Payments system for each transaction with qualifying items.

The invoice form has a total of 17 fields that collect basic information about each transaction. Instructions explaining how to complete the form are provided in the teal box.

Upload New Invoice



Use this page to upload a single invoice.

All fields below are required except the "Other Vendor..." field.

Select the Vendor in the drop-down that the Invoice is from. If the Vendor isn't listed, type the Vendor name in the "Other Vendor..." field.

Enter the date printed on the Invoice for the Invoice Date. This date must be within the school year, 7/1/2023 to 9/30/2024.

Enter the amount of the Invoice in the Invoice Amount field.

Create a JPEG/JPG or PDF image of the Invoice and upload it to your computer. In the Invoice Image field, click the **Choose File** button and navigate to the image file and click Open or OK.

Read the Attestation text and check the **I Agree** checkbox if you agree.

☐ I understand that the Arizona Department of Education, Health and Nutrition Services does not promote and/or endorse the vendors provided in the below vendor list. The vendors listed are provided to assist the user with submitting invoices.

Vendor: Vendor not listed

Other Vendor (for a Vendor not listed above):

If **Other Vendor** entered (above):

- ☐ Other Vendor is Socially Disadvantaged
- ☐ Other Vendor is a Small Business
- ☐ Other Vendor does not qualify as Socially Disadvantaged or Small Business
- ☐ Unknown if vendor qualifies as socially disadvantaged or small business

Secondary Source:

Invoice Date:

Invoice Amount:

Items Purchased:

Have you purchased from this farmer/producer in the past?

If you have purchased from this farmer/producer in the past, are any of the items on the Invoice a new product line?

Are you likely to purchase from this farmer/producer in the future?

Invoice Image (jpeg / pdf only): Choose File No file chosen

Contact Name:

Contact Title:

Contact Phone:

Contact Email:

The items reimbursed under Local Food for Schools were used to supplement the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or Seamless Summer Option (SSO).

Only unprocessed or minimally processed local, regional or Arizona grown and produced food products from small and/or socially disadvantaged businesses were purchased.

The School Food Authority (SFA) is in compliance with all existing program requirements regarding recordkeeping and accountability in connection with the use of LFS funding.

☐ I Agree

Cancel Submit

Completing the New Invoice Form

VENDOR INFORMATION

To begin, the first field in the New Invoice Upload Form is **Vendor**. To begin, review the statement explaining that HNS does not endorse any specific vendor. Check the box if the statement is understood.

Next, select the vendor in which the eligible food purchase was procured from the dropdown list of options. If the vendor is not listed, select “Vendor not listed.”

If a vendor from the dropdown is selected, responses for the following two fields, “**Other Vendor (for a Vendor not listed above)**” and “**If Other Vendor entered (above),**” will be disabled as this information has already been obtained.

Other Vendor (for a Vendor not listed above):	<input type="text"/>
If Other Vendor entered (above):	<div><input type="checkbox"/> Other Vendor is Socially Disadvantaged</div> <div><input type="checkbox"/> Other Vendor is a Small Business</div> <div><input type="checkbox"/> Other Vendor does not qualify as Socially Disadvantaged or Small Business</div>

Vendor:	<div>Vendor not listed</div> <div>Vendor not listed</div> <div>Abby Lee Farms</div> <div>AL HAMKA FARM & BAKERY, LLC</div> <div>Allen Apple Orchard</div> <div>AREA Farms Arizona</div> <div>Arizona Community Hub</div> <div>Arizona/Salt River GrowOp</div> <div>Bene Vivendo</div> <div>Bildi Baby Foods LLC</div> <div>Blooming Reed Farm</div> <div>Chase's Farm</div> <div>Cole's Gardens</div> <div>College Peak Farm</div> <div>Common Ground or CaraCrest Farm</div> <div>Cruz Farm LLC</div> <div>Desert Sky Produce</div> <div>Echoing Hope Ranch</div> <div>Eco farm</div> <div>Elfrida growers</div> <div>Eliseo Curley Farms</div>
Other Vendor (for a Vendor not listed above):	
If Other Vendor entered (above):	
Secondary Source:	
Invoice Date:	
Invoice Amount:	
Items Purchased:	
Have you purchased from this farmer/producer in the past?	
If you have purchased from this farmer/producer in the past, are any of the items on the invoice a new product line?	
Are you likely to purchase from this farmer/producer in the future?	

Completing the New Invoice Form

OTHER VENDOR

If “Vendor not listed” is selected, input the name of the farmer/producer/grower of the product in the field titled **“Other Vendor (for a Vendor not listed above).”** Then, indicate if the vendor qualifies as socially disadvantaged, a small business, or neither by selecting the corresponding box.

If you are not sure, please select **“Unknown if vendor qualifies as socially disadvantaged or small business.”** If additional information is needed to determine the vendor’s eligibility, HNS will contact you.

SECONDARY SOURCE

Input the name of the distributor or aggregator in the **Secondary Source** field.

For example, if you purchase locally grown apples from a large distributor, select or input the name of the farmer/producer/grower in the **Vendor or Other Vendor (for a Vendor not listed above)** field and input the name of the large distributor in the **Secondary Source** field.

Completing the New Invoice Form

INVOICE INFORMATION

To complete the following three fields, input information from the receipt/invoice.

- **Invoice Date:** Input the date of the transaction. The date must fall between 7/1/23 and 6/30/24 and must match the date printed on the receipt/invoice.
- **Invoice Amount:** Input the total amount spent on items eligible for reimbursement*, as reflected by the invoice/receipt.
- **Items Purchased:** List the names of the eligible food items purchased (e.g. romaine lettuce, tomatoes, cheddar cheese, ground beef, etc.).

HISTORY WITH VENDOR

The next three fields are collecting information on your relationship with the vendor. Input responses based on your history with the farmer/producer.

- **Have you purchased from this farmer/producer in the past?** Select yes or no. If yes, complete the following field by indicating if any of the items on this transaction are a new product line.
- **Are you likely to purchase from this farmer/producer in the future?** Select yes or no.



For more information about allowable foods and allowable food purchases, please reference [HNS 09-2024: Try It Local: Arizona's Local Food for Schools Program and Reimbursement](#).

Completing the New Invoice Form

INVOICE IMAGE (JPEG/PDF ONLY)

Next, submit a clear jpeg or pdf of the receipt/invoice. Ensure the image is clear and contains the following required components:

- Name of vendor (farmer, producer, or grower);
- Secondary source (if applicable);
- Itemized list of food(s) purchased with clear local distinction*;
- Cost of items;
- Total cost of transaction; and,
- Date of transaction.

* If the product description does not indicate the product is local, please include an image of the local label on the food item packaging with the invoice upload.

EXAMPLE OF AN ACCEPTABLE RECEIPT/INVOICE UPLOAD:

Secondary Source →

Invoice

Willie Itule Produce
301 N 45th Ave
Phoenix AZ 85043
P: 602-252-7258
www.ituleproduce.com

Invoice Date: 10/25/23
Invoice Number:
Customer PO:
Customer PO2:
Customer:
Terms: NET 30 DAYS

Bill To: Ship To:

METHOD OF PAYMENT
ON ACCT CK # / AMT ☐ COD CK # ☐ CASH AMT ☐ NOT PAID

Item Code	Ordered Quantity	Shipped Quantity	Description	Origin	Unit Price	Extended Price
02551	4	4	APPLES - LOCAL; ADE EXAMPLE FARMER	USA	14.95	59.80
Total Quantity 4				Order Taker	Order Date 10/23/23	Subtotal 59.80
Thank you for choosing Willie Itule Produce!				Salesperson	Trip No.	Tax .00
					Route/Stop	Total 59.80

Adjustment # _____ AMT _____

X _____ 10/25/23 8:56a
Purchaser's Signature Time of Delivery New Total

An account is considered past due if not paid in full within the credit terms listed herein on this invoice or statement. As stated on all invoices, the customer's signature, or the signature of any representative, agent, or employee of the customer, on invoices listed on statement constitutes a binding agreement. Interest on unpaid balance shall accrue at higher of 18% per year or maximum statutory rate. Buyer agrees to pay interest and any attorneys' fees and costs necessary to collect any balance due hereunder. All interest, attorneys' fees, and costs due seller shall be considered sums owing in connection with this transaction under the PACA trust.

Please be aware of our policy regarding insufficient funds checks: Any bounced check will result in the assessment of a bad check fee. We will re-deposit any check returned to us as "insufficient funds" and assess the bad check fee on your next invoice. We reserve the right to adjust or revoke credit terms based on checks returned to us by the bank.

The perishable agricultural commodities listed on this invoice are sold subject to the statutory trust authorized by section 5(c) of the Perishable Agricultural Commodities Act, 1930 (7 U.S.C. 499(c)). The seller of these commodities retains a trust claim over these commodities, all inventories of food or other products derived from these commodities, and any receivables or proceeds from the sale of these commodities until full payment is received.

Any claims for quality must be made within 24 hours.
Any claims for quantities on invoices must be declared at point of delivery.
We reserve the right to deny credit. Pricing is subject to change without notice.

Itemized list of food(s) purchased with clear local distinction →

Cost of items →

Name of Vendor (farmer, producer, or grower of the product) →

Cost of transaction →

Date of transaction →



The system only accepts one file upload. If more than one file must be provided, please combine the images to one file. For assistance combining jpeg and pdf files, please [click here](#).

Completing the New Invoice Form

CONTACT INFORMATION

Complete the following four fields by inputting the contact information for an individual with the entity who is able to answer any questions about the invoice.

Please note, to be accepted by the system, the contact phone number must be provided in the following format: 123-456-7890.

Contact Name:	<input type="text"/>
Contact Title:	<input type="text"/>
Contact Phone:	<input type="text" value="123-456-7890"/>
Contact Email:	<input type="text"/>

ATTESTATION STATEMENT

Lastly, read the attestation statement and select “I agree” if the statement reads true.

<p>The items reimbursed under Local Food for Schools were used to supplement the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or Seamless Summer Option (SSO).</p> <p>Only unprocessed or minimally processed local, regional or Arizona grown and produced food products from small and/or socially disadvantaged businesses were purchased.</p> <p>The School Food Authority (SFA) is in compliance with all existing program requirements regarding recordkeeping and accountability in connection with the use of LFS funding.</p>	<input type="checkbox"/> I Agree
---	----------------------------------


Submitting the New Invoice Form

Once all fields are complete, review the form for accuracy and completion and select “**Submit.**”

If the submission is successful, you will be redirected to the Invoice List webpage.

If any fields were incomplete or incorrectly completed, the form will reload with red asterisks next to the items that require revision. Select fields will require you to reinput information. Update the information accordingly and reinput responses in fields that require new submissions.

Upload New Invoice



Use this page to upload a single Invoice.

All fields below are required except the "Other Vendor..." field.

Select the Vendor in the drop-down that the Invoice is from. If the Vendor isn't listed, type the Vendor name in the "Other Vendor..." field.

Enter the date printed on the Invoice for the Invoice Date. This date must be within the school year, 7/1/2023 to 9/30/2024.

Enter the amount of the Invoice in the Invoice Amount field.

Create a JPEG/JPG or PDF image of the Invoice and upload it to your computer. In the Invoice Image field, click the **Choose File** button and navigate to the image file and click Open or OK.

Read the Attestation text and check the **I Agree** checkbox if you agree.

☐ I understand that the Arizona Department of Education, Health and Nutrition Services does not promote and/or endorse the vendors provided in the below vendor list. The vendors listed are provided to assist the user with submitting invoices.

Vendor: Vendor not listed

Other Vendor (for a Vendor not listed above):

If **Other Vendor** entered (above):

- ☐ Other Vendor is Socially Disadvantaged
- ☐ Other Vendor is a Small Business
- ☐ Other Vendor does not qualify as Socially Disadvantaged or Small Business
- ☐ Unknown if vendor qualifies as socially disadvantaged or small business

Secondary Source:

Invoice Date:

Invoice Amount:

Items Purchased:

Have you purchased from this farmer/producer in the past?

If you have purchased from this farmer/producer in the past, are any of the items on the Invoice a new product line?

Are you likely to purchase from this farmer/producer in the future?

Invoice Image (jpeg / pdf only): Choose File No file chosen

Contact Name:

Contact Title:

Contact Phone:

Contact Email:

The items reimbursed under Local Food for Schools were used to supplement the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or Seamless Summer Option (SSO).

Only unprocessed or minimally processed local, regional or Arizona grown and produced food products from small and/or socially disadvantaged businesses were purchased.

The School Food Authority (SFA) is in compliance with all existing program requirements regarding recordkeeping and accountability in connection with the use of LFS funding.

☐ I Agree

CancelSubmit

What happens next?

RECEIVING TRY IT LOCAL REIMBURSEMENT

After an invoice form is submitted, it is reviewed by HNS and either approved or rejected.

- **Approved:** Approved invoice forms are sent to Grants Management for payment processing.
- **Rejected:** If an invoice form is rejected, the entity will be notified by HNS with an explanation of why the invoice was not approved. If the purchase qualifies for Try it Local funds, the entity will be asked to resubmit the request and will be provided with guidance to ensure the next submission is approvable.

FLOW OF TRY IT LOCAL

✓ SFA purchases minimally processed local or regional foods to be used in school meals.

✓ SFA submits invoice or receipt to HNS in ADEConnect: CNP Supplemental Payments.

 HNS reviews the submitted invoice in ADEConnect: CNP Supplemental Payments.

APPROVED

Request sent to Grants Management for processing.


REJECTED

Request returned to SFA for either revisions or due to ineligibility of transaction.

Submitting the New Invoice Form

EXAMPLE

Based on the invoice below, the New Invoice Form on the right is an example of a complete request for reimbursement in the CNP Supplemental Payments system.



Sun Produce Cooperative

Always Fresh, Always Local and In Season

Please contact us at:
info@sunproducecoop.org
SPC Order Entry

233 E. Southern Dr. #26848
Tempe, AZ 85282
(602) 469-9400

Invoice

Sun Produce Cooperative
Distribution Day: 07/24/23

Order#: 11472
On-Site Delivery
For Delivery

Qty	Item	Unit	Producer	Unit Price	Total
650	Melons, Watermelons	Per Pound	Crooked Sky Farms	\$1.15	\$747.50
Order Item Total: 650				Sub Total:	\$747.50
				Payment Status: Unpaid	\$747.50

☒ I understand that the Arizona Department of Education, Health and Nutrition Services does not promote and/or endorse the vendors provided in the below vendor list. The vendors listed are provided to assist the user with submitting invoices.

Vendor:

Crooked Sky Farms

Other Vendor (for a Vendor not listed above):

If **Other Vendor** entered (above):

☐ Other Vendor is Socially Disadvantaged

☐ Other Vendor is a Small Business

☐ Other Vendor does not qualify as Socially Disadvantaged or Small Business

☐ Unknown if vendor qualifies as socially disadvantaged or small business

Secondary Source:

Sun Produce Cooperative

Invoice Date:

07/24/2023

Invoice Amount:

747.50

Items Purchased:

Watermelons

Have you purchased from this farmer/producer in the past?

Yes

If you have purchased from this farmer/producer in the past, are any of the items on the Invoice a new product line?

No

Are you likely to purchase from this farmer/producer in the future?

Yes

Invoice Image (jpeg / pdf only):

Choose File

No file chosen

Contact Name:

John Doe

Contact Title:

Food Service Director

Contact Phone:

602-555-5555

Contact Email:

j.doe@foodservice.edu

The items reimbursed under Local Food for Schools were used to supplement the National School Lunch Program (NSLP), School Breakfast Program (SBP), and/or Seamless Summer Option (SSO).

Only unprocessed or minimally processed local, regional or Arizona grown and produced food products from small and/or socially disadvantaged businesses were purchased.

The School Food Authority (SFA) is in compliance with all existing program requirements regarding recordkeeping and accountability in connection with the use of LFS funding.

☒ I Agree

CONTACT US

HNS is here to help! HNS has a dedicated team of specialists eager and available to help SFAs understand and procure local foods eligible for Try it Local funds. Please submit a [School Interest Form](#) to connect, learn more, and start receiving funds for eligible local foods!

For assistance with items specific to general program operations, please contact HNS or your assigned HNS specialist.



602-542-8700



ContactHNS@azed.gov



www.azed.gov/hns





Congratulations

**You have completed the Online Course:
How to Request Try it Local Reimbursement in
the CNP Supplemental Payments System**

Information to include when documenting this
training for Professional Standards:

Training Title:

How to Request Try it
Local Reimbursement in
the CNP Supplemental
Payments System

Key Area: 3000 – Administration

Learning Code: 3300

Length: 0.25 hour

Please note, attendees must document the amount of training hours
indicated on the training despite the amount of time it takes to complete it.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Information to include when documenting this training for Professional Standards:

Training Title:

How to Request Try it
Local Reimbursement in
the CNP Supplemental
Payments System

Key Area: 3000 – Administration

Learning Code: 3300

Length: 0.25 hour

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.





In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-50811-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

Fax: (833) 256-1665 or (202) 690-7442; or

Email: program.intake@usda.gov

This institution is an equal opportunity provider.