

How to Submit a Claim in CNPWeb for the Child and Adult Care Food Program



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are encouraged to access professional development materials directly from the training library to prevent use of outdated content.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 **organizations operating the Child and Adult Care Food Program (CACFP)**.

Objectives

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

- understand the reimbursement process outlined in Arizona;
- use CNPWeb to submit claims for reimbursement;
- implement a system of checks and balances to ensure accurate claiming procedures; and
- establish practices to ensure monthly claims are submitted on time.

TRAINING HOURS

Information to include when documenting this training for Continuing Education and Training Credit:

Training Title: How to Submit a Claim in CNPWeb for the Child and Adult Care Food Program

Hours of Instruction: 0.75 Hour

This training counts toward Empower Program training requirements. It is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your Registry transcript, please provide your ID in the completion survey.

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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The following slides will only cover how-to instructions for submitting a claim for the CACFP in CNPWeb.

Introduction to Claiming Reimbursement



SECTION 1

Overview

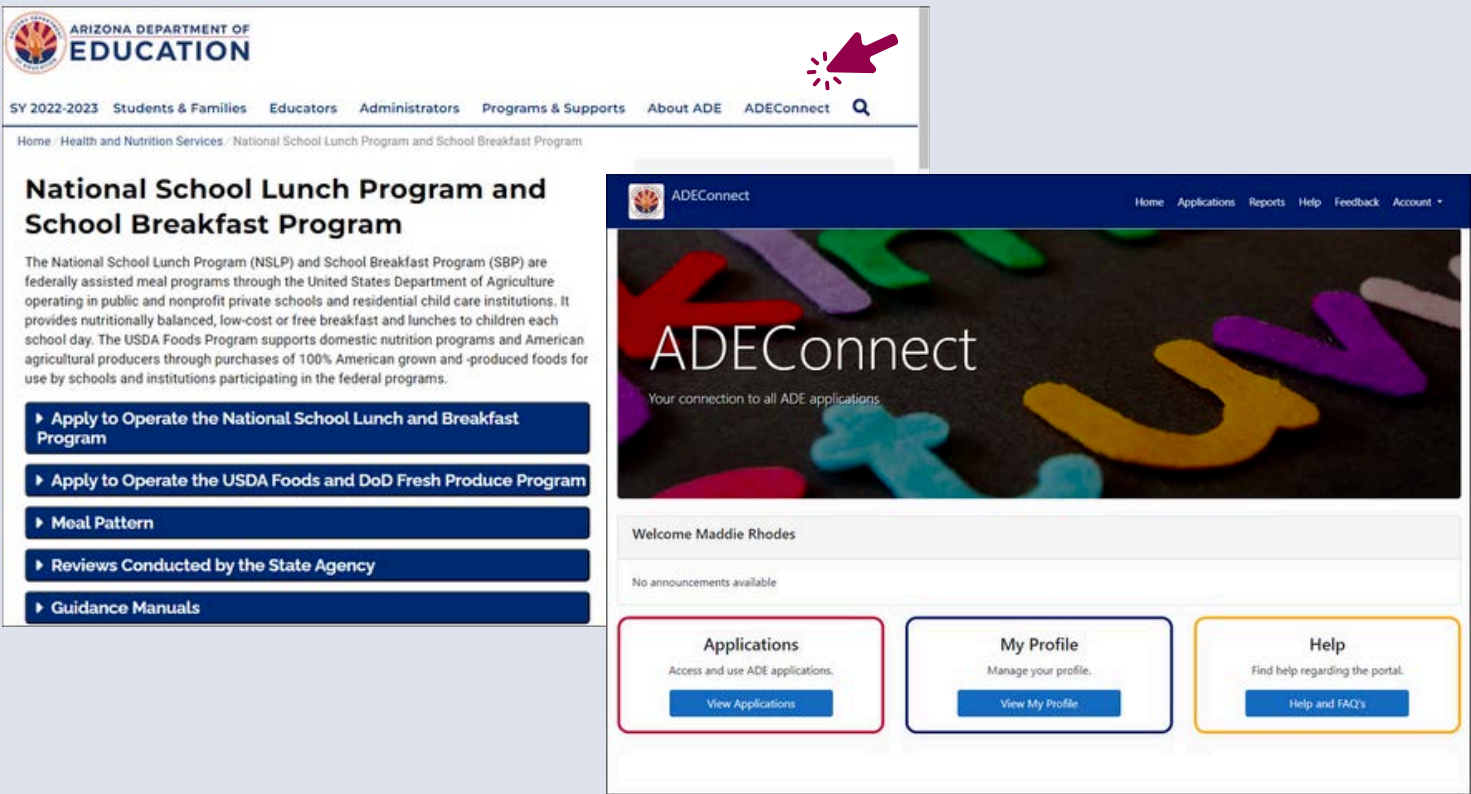
Federal reimbursement is provided for each meal or snack that meets program requirements and is served to an enrolled participant at an eligible institution.

- To obtain this reimbursement, center personnel must accurately count, record, and claim the number of creditable meals served to program participants by eligibility category (paid, reduced-price, and free) at the point of service.
- The number of meals or snacks claimed for reimbursement must have adequate documentation on file to support the claim.

In Arizona, Sponsors must submit reimbursement claims online through CNPWeb, an application located in ADEConnect.

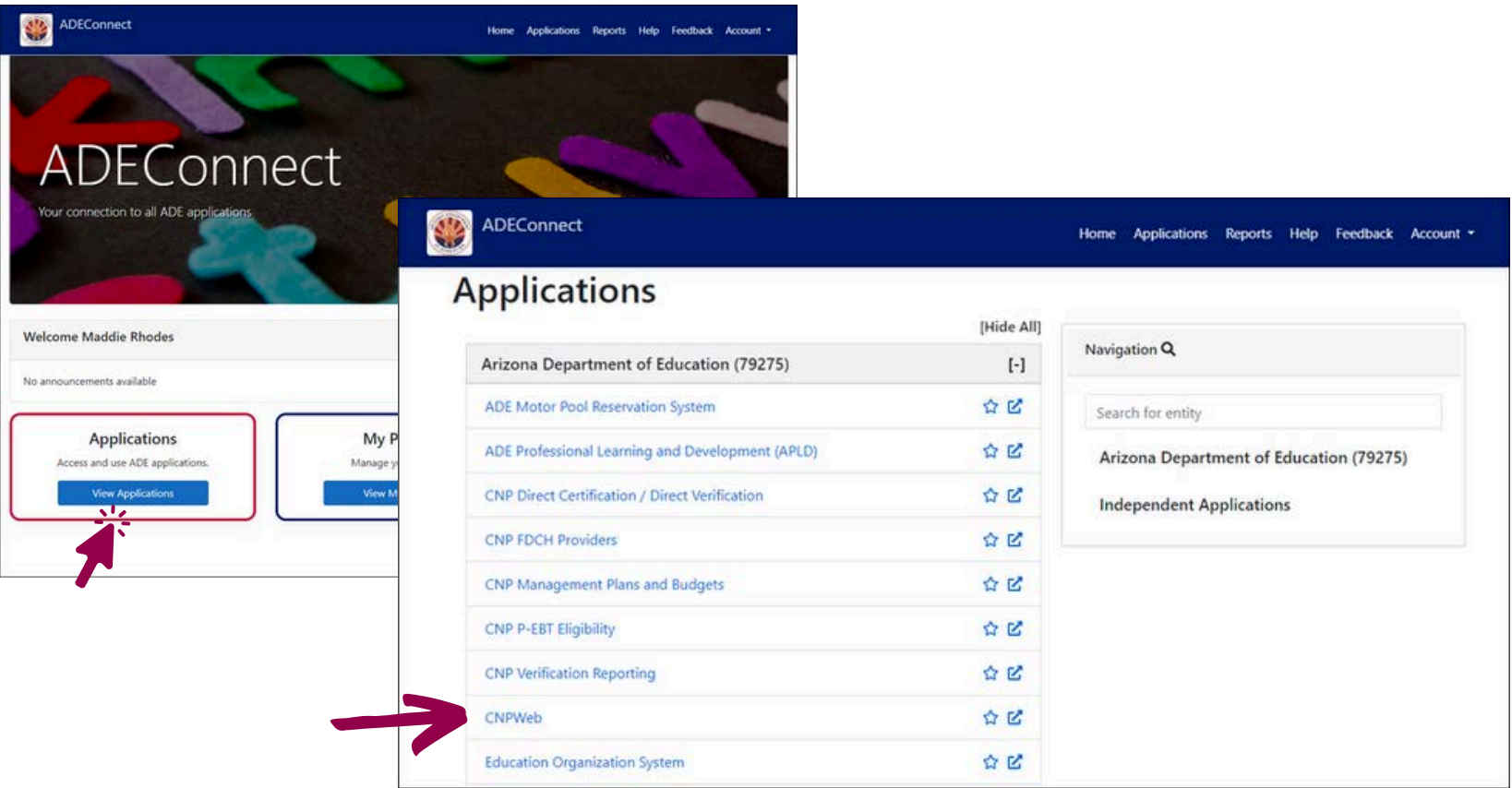
What is ADEConnect?

ADEConnect is an online portal that houses web access to different applications for multiple program areas within ADE. Sponsors will submit reports throughout the PY using applications within ADEConnect.



What is CNPWeb?

CNPWeb is the web application where Sponsors operating CNPs submit their annual CNPWeb applications and monthly claims for reimbursement.



HOW DO I OBTAIN ACCESS TO CNPWEB?

Only users who are designated Entity Administrators can grant permissions to applications within ADEConnect. Users must contact their Sponsor's Entity Administrator to receive access to CNPWeb.

Please note that CNPWeb access cannot be granted by ADE. Users must contact their Entity Administrators to receive access to CNPWeb.

Finding an Entity Administrator

To find your Sponsor's Entity Administrator, log in to ADEConnect, click Help, and then select Search under Find an Administrator.

Users can search for their Entity Administrator(s) by searching by Entity ID, CTDS, or Entity Name. A table will appear with the contact information for the Sponsor's Entity Administrator(s).

Help
Find help regarding the portal.
Help and FAQ's

Find an Administrator
Looking for an administrator that can assist you with your ADEConnect access. Locate the contact information of an ADEConnect administrator that is assigned to your organization.
Search

ADEConnect

Find Administrator

Education Organizations
Select Education Organization

Search Reset

Entity Admin	Contact	Phone Number
Search...		



*If you do not have an Entity Administrator, complete the [Request for ADEConnect Entity Administrator Account](#) form and email it to ContactHNS@azed.gov.

Who should submit the claims?

It is recommended that more than one individual within the organization is provided access to CNPWeb to submit the claims in the event one user is unavailable.

If a staff member leaves the organization, their ADEConnect login information must be deleted and cannot be shared among other staff.

- *Ideally, the operator would have another individual with access to CNPWeb available to submit the claim.*

Quiz Time

How many people does ADE recommend have access to CNPWeb in ADEConnect?

- A** Just one. The information submitted is confidential and the fewer people who have access, the better.
- B** At least two. This helps ensure there will be someone within the organization who can submit the claim in the event one person is unavailable.
- C** Everyone involved in the food service operation should have access to CNPWeb in ADEConnect.



Quiz Time

How many people does ADE recommend have access to CNPWeb in ADEConnect?

- A** Just one. The information submitted is confidential and the fewer people who have access, the better.
- B** At least two. This helps ensure there will be someone within the organization who can submit the claim in the event one person is unavailable.
- C** Everyone involved in the food service operation should have access to CNPWeb in ADEConnect.

If only one person has access to CNPWeb in ADEConnect and they are out of the office unexpectedly or leaves their position, the operator will not be able to submit a claim until someone else receives CNPWeb access in ADEConnect. Having at least two people with CNPWeb access will ensure there's a backup plan in the event one person is unable to submit the claim.



Claiming Deadlines

A monthly claim is generated for each approved site in CNPWeb after the month of operation is complete.

Claims must be submitted within 60 calendar days of the last day of the claim month to receive reimbursement. Claims may be submitted as soon as the 1st of the month following the claim month.

- As a best practice, HNS encourages operators to submit claims by the 10th of the month.

To access the claiming calendar click [here](#).



Claiming Deadlines

This chart outlines the Child Nutrition Program (CNP) claiming deadlines.

CNP operators must submit claims within 60 calendar days of the last day of the claim month to receive reimbursement. Claims may be submitted as soon as the 1st of the month following the claim month. As a best practice, the Arizona Department of Education encourages operators to submit claims by the 10th. In cases where a deadline falls on a Saturday, Sunday, or Federal Holiday, the due date is the next business day.

	BEST PRACTICE	60-DAY DEADLINE
JANUARY	February 1-10	April 1; March 31 in Leap Years
FEBRUARY	March 1-10	April 29
MARCH	April 1-10	May 30
APRIL	May 1-10	June 29
MAY	June 1-10	July 30
JUNE	July 1-10	August 29
JULY	August 1-10	September 29
AUGUST	September 1-10	October 30
SEPTEMBER	October 1-10	November 29
OCTOBER	November 1-10	December 30
NOVEMBER	December 1-10	January 29
DECEMBER	January 1-10	March 1*

*The 60-day deadline for December is February 29th in leap years.

February 2024 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

[Claiming Calendar](#)

Log into CNPWeb

SECTION 2



Logging into CNPWeb

ACCESSING THE SYSTEM

CNPWeb is a web-based application in ADEConnect.

To access CNPWeb, login to [ADEConnect](#), select "View Applications," and then select "CNPWeb."

1

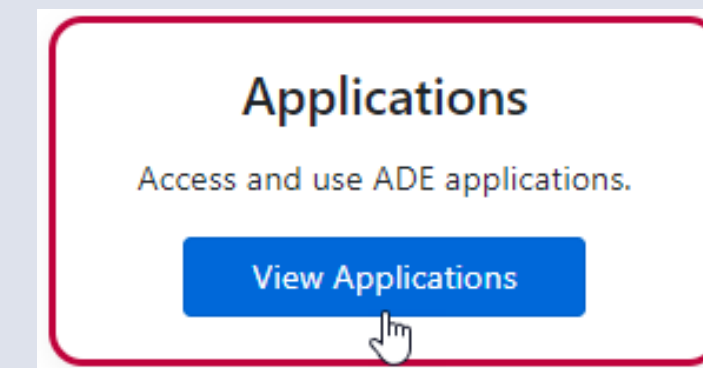
LOGIN TO ADECONNECT

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 "CNPWEB"

Select "CNPWeb" from the list of applications.



If CNPWeb is not a listed application in ADEConnect, you will need to request access from your Entity Administrator.

CNPWeb

After successfully logging into CNPWeb, a screen with all the Child Nutrition Programs (CNP) you participate in will load. To proceed, select "CACFP."

Once "CACFP" is selected, a new screen with information about your HNS Specialist and Sponsor and Claim Status will load.

- **HNS Specialist:** Each Sponsor has an assigned HNS Specialist available to contact. Their contact information is displayed on the CNPWeb home page.
- **Sponsor Status:** Provides the status for the Sponsor's site and sponsor applications.
- **Claim Status:** Provides updates for claim submission, payment, and reimbursement.

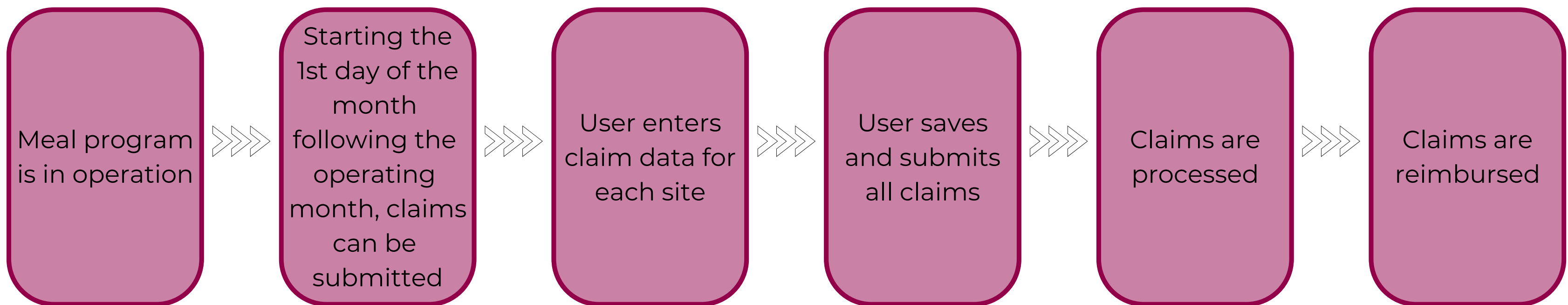
The screenshot displays the Arizona Department of Education Child Nutrition Program website. The top navigation bar includes links for NSLP, SFSP, and CACFP. The main content area is titled "Health & Nutrition Services" and "Child Nutrition Programs". It features a "Mission Statement" and four program icons: NSLP (National School Lunch Program), SFSP (Summer Food Service Program), CACFP (Child and Adult Care Food Program), and CORE (Program Maintenance). Below this, a purple header bar contains a navigation menu with "Center Apps", "Center Claims", "FDCH Claims", and "CNP Overview". The "CACFP Home" section is active, displaying a message: "You are in CACFP Home". It also includes a link to "Click Here for a list of CACFP Memos" and a list of CACFP Program Specialists, including Briana Sponsler with her email and phone number. The "Sponsor Status" section shows a green checkmark indicating "No actions required in applications -- your most recent sponsor application was APPROVED on 12/03/2024." The "Claims Status" section shows a blue icon indicating "Your most recent reimbursement was sent for processing on 12-18-2024. Please allow 10-15 days for processing, and 3-5 days for U.S. mail delivery."

Submitting a Claim

SECTION 3



Flow of Submitting a Claim



 Program records must support all figures reported on sponsor and site claims. Claims with insufficient or inaccurate records may be considered fraudulent and are subject to fiscal action. Please review the Online Course: Recordkeeping Requirements and Cost Reporting available on [HNS' Training Library for CACFP Operators](#) for more information.

Additionally, all CACFP forms can be found on ADE's webpage at azed.gov/hns/cacfp/programforms/.

Details to Remember When Submitting a Claim

- ✔ **CLAIMS ARE SUBMITTED MONTHLY IN THE CNPWEB.**
- ✔ **SPONSOR CLAIMS MUST BE SUBMITTED BEFORE SITE CLAIMS.**
- ✔ **CLAIMS, EVEN IN SUBMITTED STATUS, CAN BE REVISED.**
- ✔ **CLAIM DATA IS OBTAINED DIRECTLY FROM MONTHLY RECORDKEEPING DOCUMENTS THAT WILL BE REVIEWED DURING AN AUDIT AND REVIEW. ALL REPORTED FIGURES MUST BE SUPPORTED BY PROPER DOCUMENTATION.**
- ✔ **THE SPONSOR CAN SAVE ALL CLAIMS AND CONTINUE WORKING ON THEM LATER.**
- ✔ **CLAIMS MUST BE SUBMITTED AFTER THE ENTIRE MONTH OF OPERATION HAS BEEN COMPLETED. CLAIMS CANNOT BE SUBMITTED IN ADVANCE.**
- ✔ **CLAIMS MUST BE IN SUBMITTED STATUS IN ORDER TO RECEIVE REIMBURSEMENT. CLAIMS LEFT IN PENDING STATUS ARE NOT VALID AND WILL NOT BE PROCESSED FOR PAYMENT.**

Submitting a Claim

SPONSOR CLAIM



SECTION 3.1

Step 1

The first step of the claiming process is accessing the sponsor claim. Claims are located in CNPWeb. Once logged into CNPWeb and navigating to the CACFP portal, click "Claims" at the top of the CNPWeb CACFP home screen.

The CACFP Claims Index page will load. Select the month and year for which you are submitting a claim. Once selected, click "Go."

Then, the Claims Index page will reload. Confirm that the month and year, and Sponsor Name and Associated Sites accurately reflect the claim you wish to submit.

1

LOG IN TO CNPWEB

Follow the steps in the previous section to log in to the CACFP portal in the CNPWeb.

2

SELECT "CLAIMS"

After logging in to the CACFP portal in the CNPWeb, select "Claims."

Applications **Claims** Reviews CNP Overview

3

SELECT THE CLAIM MONTH AND YEAR

Select the current month and year you are submitting the claim from the dropdown. Then click "Apply."

4

REVIEW THE CLAIM INDEX

Now your screen should show the month selected and all sites approved to operate under the Sponsor.

Step 2

Under the claim month selected, the sponsor's name will auto populate. Select "Create New Claim" to begin a sponsor claim for the month selected.

Arizona Department of Education

Child Nutrition Program

Child and Adult Care Food Program

Center Apps

Center Claims

FDCH Claims

CNP Overview

You are logged in as 86189

CAC Centers

CAC Centers Claims Index for March 2025

Help

You are in CACFP Home > CAC Centers Claims Index

If you do not see certain Claims it may be due to security settings in place for your logon. Use the drop-down lists to make your selections and click "Apply".

Program Year:

2025

Month:

March

Apply

ABC123 Sample Sponsor 12-34-56

View Applications

Sponsor Claims (none)

View Account Activity

View Advance Summary

View Meal Service Summary

View Payment Summary

Action	Revision	Type	Status	Last Updated
No claim records found for the selected criteria				

Create New Claim

Step 3

After selecting "Create New Claim," a sponsor claim will load. Operators will complete the sponsor claim by reporting:

- Monthly Income
- Monthly CACFP Administrative Expenses
- Monthly CACFP Operational Expenses

Arizona Department of Education

Child Nutrition Program

Child and Adult Care Food Program - CACFP

Center Apps

Center Claims

FDCH Claims

CNP Overview

You are logged in as 86189

CAC Centers

Sponsor Claim

Help

Logoff

You are in > > Sponsor Claim

Enter the information into the form. For meal quantities that are unknown or none served, enter zero (0). For all fields, be sure to enter whole numbers only (no decimals/cents). Click Save to save your changes or click Cancel to disregard your changes since the last save.

ABC123 Sample Sponsor 12-34-56

March 2025 (Program Year 2025)
Regular Claim
Original Claim
Completed

For assistance call (602) 542-8700 or (800) 352-4358 and ask for the Finance Department.

Monthly Income

Non-CACFP Income:

CACFP Income:

Value of Cash/Non-Cash Donations:

Value of Excess Personnel Meals:

Monthly CACFP Expenses

Administrative Cost - Labor:

Administrative Cost - Benefits:



As a reminder, expenses do not impact reimbursement. Reimbursement is received solely based on meals served. Expenses are tracked and reported to demonstrate compliant use of program funds.

Completing the Sponsor Claim

MONTHLY INCOME

To start the sponsor claim, information about the organization’s income will be reported. Fields include:

- Non-CACFP Income
- CACFP Income
- Value of Cash/Non-Cash Donations
- Value of Excess Personnel Meals

The information reported in the fields listed above will be used by the system to auto-populate the total income.

Monthly Income	
Non-CACFP Income:	
CACFP Income:	
Value of Cash/Non-Cash Donations:	
Value of Excess Personnel Meals:	

Completing the Sponsor Claim

MONTHLY INCOME

Non-CACFP Income

Enter the dollar amount of Non-CACFP Income that you received and dedicated to your food service program.

- For example, the percentage of parent tuition fees that is attributed to the food service budget may be included in this field.

Monthly Income	
Non-CACFP Income:	
CACFP Income:	
Value of Cash/Non-Cash Donations:	
Value of Excess Personnel Meals:	



A dollar amount must be placed here in order for a claim to be submitted.

Completing the Sponsor Claim

MONTHLY INCOME

CACFP Income

Enter the dollar amount of CACFP Income that you received from the operation of your food service program the month prior.

- For example, while completing a claim for February, input the dollar amount of reimbursement that was received for program operations in January.

Monthly Income	
Non-CACFP Income:	
CACFP Income:	
Value of Cash/Non-Cash Donations:	
Value of Excess Personnel Meals:	



A dollar amount must be placed here in order for a claim to be submitted.

Completing the Sponsor Claim

MONTHLY INCOME

Value of Cash/Non-Cash Donations

Enter the value of Cash/Non-Cash Donations that were received for the operation of CACFP in your organization. If none, enter the number zero, '0'.

Monthly Income	
Non-CACFP Income:	
CACFP Income:	
Value of Cash/Non-Cash Donations:	
Value of Excess Personnel Meals:	

Completing the Sponsor Claim

MONTHLY INCOME

Value of Excess Personnel Meals

Sponsors are required to track the number of nonprogram meals served on their internal documentation. However, they no longer need to report the value of Excess Personnel Meals.

This section may be left blank.

Monthly Income	
Non-CACFP Income:	
CACFP Income:	
Value of Cash/Non-Cash Donations:	
Value of Excess Personnel Meals:	

Completing the Sponsor Claim

MONTHLY EXPENSES

Monthly Expenses: Monthly program costs, outlining how program funds were used, are reported on the sponsor claim. These fields include:

Administrative:

- Labor, Benefits, Rent or Mortgage, Contracted Services, Communications, Other Costs, Unaffiliated Costs

Operational:

- Labor, Benefits, Food, Supplies, Rent or Mortgage, Contracted Services, Utilities, Other Costs, Unaffiliated Costs

This information is self-reported and should reflect expenses that were reported on the approved Management Plan Budget. If reported expenses appear unreasonable or organizations are running into surpluses or deficits, contact your assigned HNS Specialist to determine if budget revisions are needed.

Supporting documentation for the reported expenses, like invoices, receipts, bank statements, time distribution reports, etc. need to be maintained for a minimum of five years.



The system does not recognize decimal points. For example, \$1,675.75 would register as \$1,667,575. To prevent being flagged and ensure accurate cost reporting, please round each item to the nearest dollar amount, \$1,676 for this example.

Completing the Sponsor Claim

MONTHLY CACFP EXPENSES

Administrative Cost – Labor

Enter the dollar amount of employee salaries attributable to the administrative tasks and duties related to CACFP performance and function.

As a reminder, administrative labor includes planning, organizing, and managing the nonprofit food service.

Monthly CACFP 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP EXPENSES

Administrative Cost – Benefits

Enter the dollar amount of employee benefits attributable to the time spent performing administrative tasks and duties related to CACFP performance and function. **If the organization does not offer or claim benefits, enter the number zero, ‘0’.**

Retain proof of payment for a minimum of five years.

Monthly CACFP 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP EXPENSES

Administrative Cost – Rent or Mortgage

Utilizing the percentage of facility expenses attributed to CACFP that was calculated on approved Management Plan, enter the dollar amount of Rent or Mortgage for space utilized when performing CACFP-related administrative tasks. **If the organization does not claim Rent or Mortgage expenses, enter the number zero, ‘0’.**

These expenses must be demonstrated on the second page of the Monthly Expense Worksheet under ‘Administrative Facility Expenses’,

Monthly CACFP 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP EXPENSES

Administrative Cost – Contracted Services

Utilizing the percentage of facility expenses attributed to CACFP that was calculated on the approved Management Plan, enter the dollar amount of Contracted Services associated with the administrative responsibilities of the food program. Retain proof of payment for a minimum of five years.

If the organization does not claim or have any costs associated with Contracted Services, enter the number zero, '0'.

- Reminder, organizations may subcontract certain program functions. Organizations must keep records to demonstrate compliance with procurement requirements and submit a copy of each subcontract. Further, sponsors may not subcontract CACFP management functions, such as the preparation of application materials, monitoring, claim preparation, or corrective action processes.

Completing the Sponsor Claim

MONTHLY CACFP EXPENSES

Administrative Cost – Communications

Utilizing the percentage of facility expenses attributed to CACFP that was calculated on approved Management Plan, enter the dollar amount of Communications Expenses associated with the administrative responsibilities of the food program. Retain proof of payment for a minimum of five years.

If the organization does not claim or have any costs associated with Communications, enter the number zero, '0'.

Monthly CACFP 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP EXPENSES

Administrative Cost – Other Costs

Utilizing the percentage of facility expenses attributed to CACFP that was calculated on your approved Management Plan, enter the dollar amount of Other Costs associated with the administrative responsibilities of the food program. Retain proof of payment for a minimum of five years.

If the organization does not claim or have any costs associated with Other Costs, enter the number zero, '0'.

Monthly CACFP 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP EXPENSES

Administrative Cost – Unaffiliated Costs

Sponsors of unaffiliated centers may use up to 15% of projected annual CACFP reimbursement to pay for actual allowable administrative costs incurred in the operation of the nonprofit food service.

If the organization does not claim or have any costs associated with Unaffiliated Costs, enter the number zero, '0'.

Retain proof of payment for a minimum of five years.

Monthly CACFP 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Labor

Enter the dollar amount of employee salaries attributable to the operational tasks and duties related to CACFP performance and function.

As a reminder, operational labor includes the preparation and service of meals to participants.

Retain proof of payment for a minimum of five years.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Benefits

Enter the dollar amount of employee benefits attributable to the time spent performing operational tasks and duties related to CACFP performance and function. If the organization does not offer or claim benefits, enter the number zero, '0'.

Retain proof of payment for a minimum of five years.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Food

Enter the dollar amount of creditable food costs paid over the month of operation.

ADE best practice is for organizations to spend at least 50% of reimbursement on food. If an organization is struggling to spend more than 50% of reimbursement on food, please contact the HNS Assigned Specialist to determine potential solutions that will work for the center.

Retain proof of payment for a minimum of five years.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Supplies

Enter the dollar amount of supplies purchased that can be attributed to the food program. Retain proof of payment for a minimum of five years.

- Contact the HNS Assigned Specialist for questions regarding what supplies can be attributed to the food program.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Rent or Mortgage
Utilizing the percentage of facility expenses attributed to CACFP that was calculated on the approved Management Plan, enter the dollar amount of Rent or Mortgage of space utilized when performing CACFP-related operational tasks. **If the organization does not claim Rent or Mortgage expenses, enter the number zero, ‘0’.**

Retain proof of payment for a minimum of five years.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Contracted Services

Utilizing the percentage of facility expenses attributed to CACFP that was calculated on the approved Management Plan, enter the dollar amount of Contracted Services associated with the administrative responsibilities of the food program. Retain proof of payment for a minimum of five years.

- Reminder, organizations may subcontract certain program functions. Organizations must maintain records to demonstrate compliance with procurement requirements and submit a copy of each subcontract. Further, CACFP management functions, such as the preparation of application materials, monitoring, claim preparation, or corrective action processes may not be subcontracted.

If the organization does not claim Contracted Services, enter the number zero, '0'.

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Utilities

Utilizing the percentage of facility expenses attributed to CACFP that was calculated on the approved Management Plan, enter the dollar amount of Utilities associated with the operational responsibilities of the food program. If the organization does not claim or have any costs associated with Utilities, enter the number zero, '0'.

Retain proof of payment for a minimum of five years.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Other Costs

Utilizing the percentage of facility expenses attributed to CACFP that was calculated on your approved Management Plan, enter the dollar amount of Other Costs associated with the operational responsibilities of the food program. If the organization does not claim or have any costs associated with Other Costs, enter the number zero, '0'.

Retain proof of payment for a minimum of five years.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Completing the Sponsor Claim

MONTHLY CACFP OPERATIONAL EXPENSES

Operational Cost – Unaffiliated Costs

Sponsors of unaffiliated centers may use up to 15% of projected annual CACFP reimbursement to pay for actual allowable administrative costs incurred in the operation of the nonprofit food service. If the organization does not claim or have any costs associated with Unaffiliated Costs, enter the number zero, '0'.

Retain proof of payment for a minimum of five years.

Monthly 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:	



Ensure records supporting the reported cost are maintained. Template forms are available on [ADE HNS CACFP Forms and Resources webpage](#).

Step 5

SUBMITTING THE SPONSOR CLAIM

Once all fields are complete, review the entered figures to confirm accuracy.

- As a reminder, the system does not register decimals. Ensure each figure has been rounded to the nearest dollar amount.

Once all fields are populated and the organization has ensured accurate reporting of monthly expenses, click 'Save'. The screen will refresh and continue to display the claim submitted. If the claim was successfully saved, a blue bar with a confirmation statement will load.

To advance to completing site claim(s), return to the claims index page by selecting 'Center Claims.'

1

CLICK 'SAVE'

Once all fields are populated and the organization has ensured accurate reporting of monthly expenses, click 'Save'.

Save

2

CONFIRM SAVED STATUS

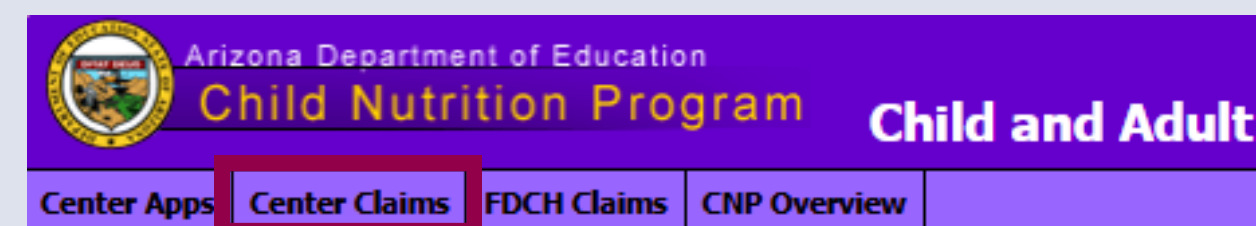
Verify that the claim data has been saved successfully.

Your claim data has been saved successfully.

3

RETURN TO THE CLAIMS INDEX

To advance to completing your site claim(s), return to Claims Index by clicking on 'Center Claims'.



Step 4

SUBMITTING THE SPONSOR CLAIM

After selecting ‘Center Claims,’ a new page will load. This page is referred to as the Claims Index.

The status of Sponsor Claim should now state ‘Pending’. If the status is ‘Pending’, the sponsor claim is finished and the site claim(s) may be started.

- If the sponsor claim is not in pending status, revisit the claim and repeat the previous step.

ABC123 Sample Sponsor 12-34-56 [View Applications](#)

Sponsor Claims (1)				
View Account Activity View Advance Summary View Meal Service Summary View Payment Summary				
Action	Revision	Type	Status	Last Updated
View/Edit	Original	Regular Claim	Pending	04/10/2025 9:46 AM by 86189

Submitting a Claim

SITE CLAIMS



SECTION 3.2

Step 1

To begin a site claim, return to the claims index page.

- For assistance, refer to the instructions provided in section 3.1.

After navigating to the claims index page, select “Create New Claim,” click “Create New Claim” under the desired site to enter claim data in.

A blank site claim will load. Claiming data is ready to be inputted.

1

ACCESS THE CLAIMS INDEX PAGE

Select ‘Claims’ to return to the Claims Index page.



2

SELECT “CREATE NEW CLAIM”

Under the claim month selected, a list of all sites will auto populate. Click “Create New Claim” under the desired site to enter claim data in.



3

BEGIN THE SITE CLAIM

After selecting “Create New Claim,” the site claim will load. The following slides will review the process of completing the site claim.

Step 2

SITE CLAIM

The site claim(s) collects information on the participants and the number of meals served.

- Operators must utilize their enrollment records, such as claiming rosters, to report the number of participants who qualify for free, reduced-price, and paid meals and were in attendance at least one day in the claiming month.
- Operators will also report the total number of meals and snacks served using meal count records, such as complete point of service meal count sheets and the meal count summary.

Program Participation	
Number of Days Served:	0
Participants Approved for Free Meals:	0
Participants Approved for Reduced-Price Meals:	0
Participants Approved for Paid Meals:	0
Participants Receiving Title XIX or XX Benefits:	0
Breakfast - Regular	
Breakfast - Regular:	0
Lunch	
Lunch:	0
Afternoon Snack	
Afternoon Snack:	0
Supper	
Supper:	0



Reimbursement is based on the figures reported in the site claim. It is imperative site claims are completed with accuracy and all figures reported are supported by records or the operator is subject to fiscal action and potential termination.

Completing the Site Claim(s)

PROGRAM PARTICIPATION

Number of Days Served

Enter the Number of Days Served during the claim month.

Program Participation	
Number of Days Served:	0
Participants Approved for Free Meals:	0
Participants Approved for Reduced-Price Meals:	0
Participants Approved for Paid Meals:	0
Participants Receiving Title XIX or XX Benefits:	0

Completing the Site Claim(s)

PROGRAM PARTICIPATION

Participants Approved for Free, Reduced-Price, and Paid Meals

Enter the number of Participants Approved for Free, Reduced-Price, and Paid Meals during the claim month. The number entered must reflect participants that were in attendance and are appropriately categorized based on income eligibility.

Errors can lead to fiscal action and potential termination from the program. Ensure edit-checks are in place. If an organization is experiencing difficulty establishing a claimining system, please contact the assigned HNS Specialist for help.

Program Participation	
Number of Days Served:	0
Participants Approved for Free Meals:	0
Participants Approved for Reduced-Price Meals:	0
Participants Approved for Paid Meals:	0
Participants Receiving Title XIX or XX Benefits:	0

Completing the Site Claim(s)

PROGRAM PARTICIPATION

Enter the number of Participants Receiving Title XIX or XX Benefits (DES).

- For-Profit Centers must enter the number of Participants Receiving Title XIX or XX Benefits (DES).

Program Participation	
Number of Days Served:	0
Participants Approved for Free Meals:	0
Participants Approved for Reduced-Price Meals:	0
Participants Approved for Paid Meals:	0
Participants Receiving Title XIX or XX Benefits:	0

Completing the Site Claim(s)

REIMBURSABLE MEALS SERVED

After completing the Program Participation section of the Site Claim, it is time to begin the Reimbursable Meals Served section. To prevent disallowances and potential fiscal action, reflect upon meals served and review meal counts to ensure program compliance.

- Did you serve milk as needed?
- Was at least one whole grain-rich item served each day?
- Were only children that participated in the meal service marked on the meal count sheets?
- Are children only being claimed for two meals and one snack or two snacks and one meal?
- If yogurts or cereals were served, did they comply with the sugar limit requirements?

For questions regarding reimbursable meals, contact the assigned HNS specialist.

Completing the Site Claim(s)

REIMBURSABLE MEALS SERVED

Enter the number of reimbursable meals served for Breakfast, Morning Snack, Lunch, Afternoon Snack, Supper, Evening Snack, or At-Risk Afterschool Snack. The numbers entered here must reflect the number of reimbursable meals served.

Errors can lead to fiscal action and potential termination from the program. Ensure edit-checks are in place. Contact the assigned HNS specialist if assistance is needing to establish appropriate procedures.

Breakfast - Regular	
Breakfast - Regular:	0
Lunch	
Lunch:	0
Afternoon Snack	
Afternoon Snack:	0
Supper	
Supper:	0



As a reminder, child centers, adult centers, Head Starts, and preschools can only claim the following per participant each day: up to 1 meal and 2 snacks, 2 meals and 1 snack, or 3 snacks. The only exception to this rule is for Emergency Shelters, which can claim 3 meals daily per participant.

Step 3

SUBMITTING THE CLAIM(S)

Once all fields are complete, review the entered figures to confirm accuracy.

Once all fields are populated and the organization has ensured accurate reporting of participants and meals, click 'Save'. The screen will refresh and continue to display the claim submitted. If the claim was successfully saved, a blue bar with a confirmation statement will load.

Once all claims have been entered and 'Saved', click 'Submit All Claims' to submit the claims for processing.

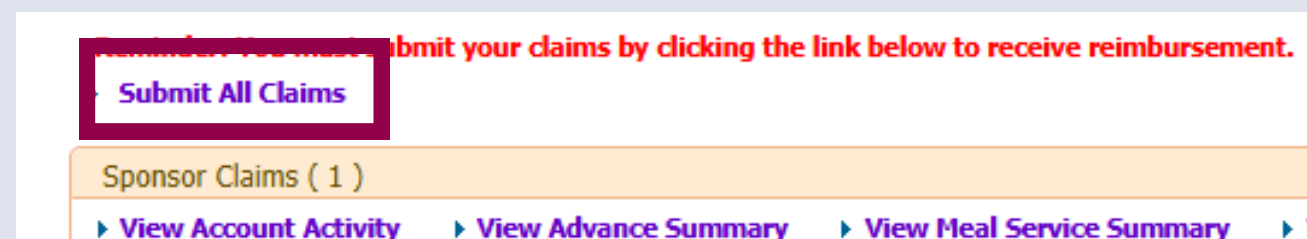
1 CLICK 'SAVE'
Once all fields are populated and the organization has ensured accurate reporting of monthly expenses, click 'Save'.

2 CONFIRM SAVED STATUS
Verify that the claim data has been saved successfully.

Your claim data has been saved successfully.

3 RETURN TO THE CLAIMS INDEX
To advance to completing your site claim(s), return to Claims Index by clicking on 'Center Claims'.

4 SUBMIT ALL CLAIMS
Once all claims have been entered and 'Saved', click 'Submit All Claims' to submit the claims for processing.



Multi-site sponsors must complete the previous steps for each of the participating sites. Single-site sponsors, may proceed and complete submission at this point.

Certification Statement

After selecting 'Submit All Claims', a new window will appear with a certification statement.

Please review this statement and, if in agreement, click 'I Certify' to continue.



Arizona Department of Education

Child Nutrition Program

Center Apps

Center Claims

FDCH Claims

CNP Overview

CAC Centers

CAC Centers Claims Index for March 2025

You are in > CAC Centers Claims Index

If you do not see certain Claims it may be due to security settings in place for your login. Use the drop-down lists to make your selections and click "Apply".

Program Year: 2025

Month: March

Apply

Claim Submission Certification Statement

I certify that, to the best of my knowledge and belief, the site claim(s) being submitted are true, correct and in accordance with the terms of the agreement; that records are available to support the claims; that all approved sites were operated; and that payment has not yet been received for such claims.

Click "I Certify" to certify, "Cancel" to return to the claim or index.

I Certify

Cancel

Action	Revision	Type	Status	Last Updated
View/Edit	Original	Regular Claim	Pending	04/15/2025 8:32 AM by 86189

Submission Summary

After completing the certification statement, a Submission Summary will load. Review the summary page to ensure it matches the submitted claims.

- If the summary does not match, the claims were not submitted properly. Please contact your HNS Specialist for further assistance.

Once reviewed, return to the claims index page by selecting the hyperlink in ‘Click here to return to the claims index.’



Arizona Department of Education
Child Nutrition Program

Center Apps

Center Claims

FDCH Claims

CNP Overview

Claims

Claim Submission

You are in > CAC Centers Claims Index > Claim Submission

Submission Summary

Submission Detail

ABC123 Academy Preschool (12-34-56-001)

2025 March

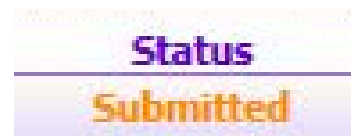
ABC123 Children’s Academy (12-34-56-002)

2025 March

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

Confirm Submission Status

Claims must be in **submitted** status in order to receive reimbursement.



Claims left in **pending** status are not considered complete and will not be paid if left in this status. Repeat the process outlined in the previous slides to submit the claims.



Revising a Claim

A young boy with short brown hair and a backpack is erasing a chalkboard. He is looking back over his shoulder with a playful, slightly mischievous expression. The chalkboard is dark blue with some faint white chalk marks. The background is a light brown, textured surface.

SECTION 4

Am I able to revise my claim?

Claims, even in the submitted status, can be revised up until 60 days from the end of the claim month (e.g., August claims can be revised up until October 30). It is best practice to submit all claims and revisions by the 10th of the month to receive reimbursements in the same month. If the original claim is already in the paid status, additional amounts may be paid within 7-10 business days depending on whether payments are received via direct deposit or by mail. The revision must be submitted within 60 days.

For example, an Sponsor submits their site claim that includes meal counts for lunch and breakfast on September 1st; the claim is now in submitted status. On September 15th, the Sponsor realized they accidentally put the breakfast meal counts in the lunch fields and need to revise their claim. The Sponsor can log into CNPWeb and revise the claim within 60 days of September 30th, even though it is in submitted status.

How to Revise a Claim

The following slides will cover the process of revising a claim that is in submitted status. Please note that if a claim that has already been processed needs to be revised, the sponsor will need to contact your Health & Nutrition Services Specialist for guidance.

Please note, when revising your claim, enter actual data figures. Do not input the difference between the figures on the original claim and the revision.

Attendees are expected to already understand how to navigate through CNPWeb to access the Claims Index Page.

Step 1

Find the claim you wish to revise and click “View/Edit.”

Arizona Department of Education

Child Nutrition Program

Center Apps

Center Claims

FDCH Claims

CNP Overview

CAC Centers

CAC Centers Claims Index for March 2025

You are in > CAC Centers Claims Index

If you do not see certain Claims it may be due to security settings in place for your login. Use the drop-down lists to make your selections and click "Apply".

Program Year:

2025

Month:

March

Apply

ABC123 Sample Sponsor (12-34-56)

ew Applications

Sponsor Claims (1)

View Account Activity

View Advance Summary

View Meal Service Summary

View Payment Summary

Action	Revision	Type	Status	Last Updated
View/Edit	Original	Regular Claim	Completed	04/15/2025 8:31 AM by 86189

Associated Sites (2)

ABC123 Academy Preschool (12-34-56-001) (1 Claim)

View Site Meal Service Summary

Action	Revision	Type	Status	Last Updated
View/Edit	Original	Regular Claim	Submitted	04/15/2025 8:42 AM by 86189

ABC123 Children's Academy (12-34-56-002) (1 Claim)

View Site Meal Service Summary

Action	Revision	Type	Status	Last Updated
View/Edit	Original	Regular Claim	Submitted	04/15/2025 8:42 AM by 86189

Step 2

The claim you originally submitted will load. Select “Edit” at the bottom of the screen.

Calculated CACFP Administrative Expenses

	Actual YTD	Approved	YTD Percentage
Administrative Cost - Labor:	\$ 10,838	\$ 13,947	77.71 %
Administrative Cost - Benefits:	\$ 0	\$ 0	0.00 %
Administrative Cost - Rent or Mortgage:	\$ 650	\$ 8,194	7.93 %
Administrative Cost - Contracted Services:	\$ 0	\$ 0	0.00 %
Administrative Cost - Communications:	\$ 15	\$ 295	5.08 %
Administrative Cost - Other Costs:	\$ 0	\$ 0	0.00 %
Administrative Cost - Unaffiliated Costs:	\$ 0	\$ 0	0.00 %
Total CACFP Administrative Expenses:	\$ 11,503	\$ 22,436	51.27 %

Calculated CACFP Operational Expenses

	Actual YTD	Approved	YTD Percentage
Operating Cost - Labor:	\$ 12,603	\$ 82,410	15.29 %
Operating Cost - Benefits:	\$ 0	\$ 0	0.00 %
Operating Cost - Food:	\$ 11,504	\$ 166,000	6.93 %
Operating Cost - Supplies:	\$ 1,787	\$ 34,600	5.16 %
Operating Cost - Rent or Mortgage:	\$ 2,079	\$ 30,914	6.73 %
Operating Cost - Contracted Services:	\$ 0	\$ 0	0.00 %
Operating Cost - Utilities:	\$ 498	\$ 4,233	11.76 %
Operating Cost - Other Costs:	\$ 0	\$ 0	0.00 %
Operating Cost - Unaffiliated Costs:	\$ 0	\$ 0	0.00 %
Total CACFP Operational Expenses:	\$ 28,471	\$ 318,157	8.95 %

Created by 86189 on 4/10/2025 at 9:46:41 AM
Modified by 86189 on 4/15/2025 at 8:31:31 AM

Edit

Close

Step 3

After selecting ‘Edit’, a fillable version of the claim will open. If no changes are needed, select ‘Cancel’. Update the information on claim. Once finished, select ‘Save’.

ABC123 Sample Sponsor (12-34-56)

March 2025 (Program Year 2025)
Regular Claim
Original Claim
Completed

For assistance call (602) 542-8700 or (800) 352-4558 and ask for the Finance Department

Monthly Income

Non-CACFP Income:

5000

CACFP Income:

0

Value of Cash/Non-Cash Donations:

0

Value of Excess Personnel Meals:

0

Monthly CACFP Expenses

Administrative Cost - Labor:

10000

Administrative Cost - Benefits:

0

Administrative Cost - Rent or Mortgage:

0

Administrative Cost - Contracted Services:

0

Administrative Cost - Communications:

0

Administrative Cost - Other Costs:

0

Administrative Cost - Unaffiliated Costs:

0

Monthly CACFP Operational Expenses

Operating Cost - Labor:

0

Operating Cost - Benefits:

0

Operating Cost - Food:

0

Operating Cost - Supplies:

0

Operating Cost - Rent or Mortgage:

0

Operating Cost - Contracted Services:

Operating Cost - Utilities:

Operating Cost - Other Costs:

Operating Cost - Unaffiliated Costs:

Save

Cancel

Created by 86189 on 4/10/2025 at 9:46:41 AM
Modified by 86189 on 4/15/2025 at 8:31:31 AM

Step 4

Once saved, click ‘Center Claims’ found at the top of your screen. This will return the user to the Claims Index Page.

Arizona Department of Education
Child Nutrition Program

CACFP

Child and Adult Care Food Program - CACFP

Center Apps

Center Claims

FDCH Claims

CNP Overview

You are logged in as 86189

CAC Centers

Sponsor Claim

Help | Logoff

You are in > CAC Centers Claims Index > Sponsor Claim

This claim may be edited by clicking the 'Edit' button below.

ABC123 Sample Sponsor (12-34-56)

March 2025 (Program Year 2025)
Regular Claim
Original Claim
Completed

For assistance call (602) 542-8700 or (800) 352-4558 and ask for the Finance Department

Your claim data has been saved successfully.

Monthly Income

Non-CACFP Income:

\$ 5,000

CACFP Income:

\$ 50

Value of Cash/Non-Cash Donations:

\$ 0

Value of Excess Personnel Meals:

\$ 0

Total Income:

\$ 5,050

Monthly CACFP Expenses

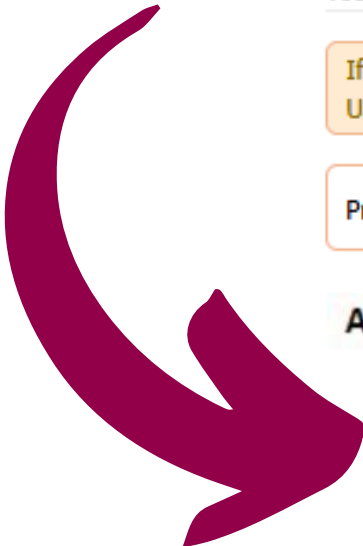
Administrative Cost - Labor:

\$ 10,000

Step 5

Once all revised claims have been entered and saved, select ‘Submit All Claims’ to submit the revised claims to ADE.

After selecting “Submit All Claims”, a new window appear. Please review this statement and click Yes to continue.





Arizona Department of Education

Child Nutrition Program

Center Apps

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CNP Overview

CAC Centers

CAC Centers Claims Index for March 2025

You are in > CAC Centers Claims Index

If you do not see certain Claims it may be due to security settings in place for your logon. Use the drop-down lists to make your selections and click "Apply".

Program Year:

2025

Month:

March

Apply

ABC123 Sample Sponsor 12-34-56 > View Applications

Reminder: You must submit your claims by clicking the link below to receive reimbursement.

> Submit All Claims

Sponsor Claims (1)

> View Account Activity

> View Advance Summary

> View Meal Service Summary

> View Payment Summary

Action	Revision	Type	Status	Last Updated
View/Edit	Original	Regular Claim	Completed	04/15/2025 8:31 AM by 86189

1) (1 Claim)

Type	Status	Last Updated
Regular Claim	Pending	04/15/2025 8:32 AM by 86189

2) (1 Claim)

Type	Status	Last Updated
Regular Claim	Pending	04/15/2025 8:32 AM by 86189

Claim Submission Certification Statement

I certify that, to the best of my knowledge and belief, the site claim(s) being submitted are true, correct and in accordance with the terms of the agreement; that records are available to support the claims; that all approved sites were operated; and that payment has not yet been received for such claims.

Click "I Certify" to certify, "Cancel" to return to the claim or index.

I Certify

Cancel

Frequently Asked Questions



How can I sign up for direct deposit?

Direct deposit (ACH) is the recommended form of reimbursement. The State of Arizona ACH Authorization Form can be found on the CACFP Program under Forms and Resources [webpage](#).

- New entities must submit W9 forms via ADE HelpDesk for processing.
- Entities setting up direct deposits must contact the Accounts Payable Inbox at accountspay@azed.gov. ACH forms contain sensitive banking information and should not be handled through email or other electronic means.

Fill out the form as instructed and mail it to the address at the top of the form. The Arizona General Accounting Office (GAO) is responsible for verifying and entering the financial information submitted by the Sponsor. ADE does not have access to the form, or the financial information contained within it. Any questions regarding this should be directed to the Arizona GAO at (602) 542-5601.

How can I sign up for direct deposit?

Once the information is verified and the Sponsor is authorized for direct deposit, ADE will change the reimbursement type to direct deposit. After the first deposit, the Sponsor will receive a request to verify the deposit from the GAO. If not verified, the reimbursement type will be changed back to a regular check. If the request is returned as verified, reimbursements will then continue to be paid as a direct deposit until the Sponsor requests, in writing, that the GAO discontinues.

ARIZONA

DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

STATE OF ARIZONA ACH AUTHORIZATION FORM

Original form is preferred. Please contact Vendor.PayAutomation@azdoa.gov if you have questions about the form or setup process.

DO NOT SUBMIT COMPLETED FORM TO STATE OF ARIZONA AGENCIES. SUBMIT COMPLETED FORM TO:
DEPARTMENT OF ADMINISTRATION/GENERAL ACCOUNTING OFFICE
ATTN: VENDOR SETUP
100 N 15TH AVE, STE 302
PHOENIX, AZ 85007

☐ Check if DES/DDO Provider

1

Request Type (Select only ONE)
☐ New ☐ Change ☐ Cancellation, Cancellation Reason:

2

Taxpayer Identification Number (TIN)
EIN - OR SSN - -

3

Legal Name, Address and Contact Information
Name Phone Ext
Address City State Zip Code
Email Address

4

Change Information - FOR CHANGE REQUEST ONLY
Changing: ☐ Financial Institution ☐ Account Type ☐ Account Number ☐ Authorized Signers
Previous Financial Institution: Previous Account Type: ☐ Checking ☐ Savings Previous Account Number:

5

AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION
Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADDA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona (State) via Automated Clearing House (ACH) deposits. The State shall deposit the ACH payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, and my electronic payments may be posted to the wrong account.
I authorize the State to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines.
If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State to withhold any payment owed to me by the State until the erroneously deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADDA-GAO. The change or revocation is effective on the day the ADDA-GAO processes the request.
I certify that I have read and agree to comply with the State's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form.
I authorize the State to stop making electronic transfers to my account without advance notice.
I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement and that all information provided is accurate.

Name Authorized Signature (Required) Title Date

Additional Authorized Signers
Name Authorized Signature Title Date
Name Authorized Signature Title Date

Addendum record format ☐ CTX ☐ CCD+ Detailed ACH payment can also be viewed online at <http://venpay-gao.azdoa.gov>.

6

Financial Institution
Financial Institution Name Phone Ext
Address (Optional) City State Zip Code
Routing Number Account Number Account Type ☐ Checking ☐ Savings

7

GAO USE ONLY
Verified and Entered By And Date Vendor # Address ID
Entity Contact Verified By Doc Number Entered Approved By

GAO-618 (10/2019)

CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.



602-542-8700



ContactHNS@azed.gov



www.azed.gov/hns





Congratulations

**You have completed the Online Course:
How to Submit a Claim in CNPWeb for the Child
and Adult Care Food Program**

ADHS Empower Program

This training counts toward Empower Program training requirements.

Arizona Early Childhood Workforce Registry

This training is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your registry transcript, please provide your Workforce Registry ID when completing the survey.

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 training completion:

**Training Title: How to
Submit a Claim in
CNPWeb for the Child
and Adult Care Food
Program**

Length: 0.75 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 USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.