

Northrop Grumman Special Nutrition Program National School Lunch Program (NSLP) User Manual

Rev 1.0

September, 2013

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APPLICATIONS

Summary

The Special Nutrition Program manual is a tool for businesses associated with the Special Nutrition Program to use in conjunction with the SNP Web online software application. This manual is a reference guide for users that will assist in navigating the web application as they complete their day-to-day tasks.

The SNP Online Application has been developed in ASP.Net using a SQL database. The Minimum System Requirements for the SNP Web Application are:

- Windows version to XP
- Internet Explorer 6
- 128-bit encryption enabled

Session Cookies will be used to run the program; if Cookies are disabled, the user will be notified that cookies are required to utilize the program.

Accessing the Special Nutrition Program System

Welcome to the Special Nutrition Program Home Page

The Special Nutrition Program Home Page contains general information about the Special Nutrition Program. Providers can review this page to determine who may be eligible to participate in the SNP program and find the answers to Frequently Asked Questions. Providers can also select the **Apply to Participate in the Special Nutrition Program On-line** button to initiate a request for a user name and password or select the **Print Blank Application Forms** button to access the print forms directory from this page. (see *Figure 2.1-1*)

The screenshot shows the Northrop Grumman Special Nutrition Program Demo Site. At the top is the Northrop Grumman logo. Below it is a blue banner with the text "Northrop Grumman Knows Child Nutrition IT". Under the banner, it says "Welcome to SNP On-Line. v3.24 (Aug. 13, 2012)". The main heading is "Welcome to the Northrop Grumman Special Nutrition Program Demo Site". There are two "New" star icons flanking the text "Visit our Discussion Forum: [NG Nutrition Discussion Forum](#)". Below that is a link "Click Here to Log - On Now!!". A purple banner reads "*****Parents - Locate a Special Nutrition Provider Near You!!*****". A box contains the Integrator logo and text: "Northrop Grumman Corporation", "Center for Digital Government", "2011 Exceptional Service Award in Health and Human Services", and "Partner and Project: Arkansas Department of Human Services, Arkansas Special Nutrition Programs Website". On the left is a blue sidebar with links: "Enter Claims", "Discussion Forum", "Home", "Existing User Log-On", "NSLP", "Centers", "CACFP Homes", "Summer Food", "Rates/Poverty Levels", "USDA Web Site", "USDA NSLP Site", "School Nutrition Assoc.", "USDA CACFP Site", "USDA SFSP Site", "Resource Library", "Privacy Statement", and "AR DHS Home Page". At the bottom left, text describes the SNP software system developed for the State of Arkansas and Oklahoma. To the right of this text is a photo of three children eating at a table.

Figure 2.1-1 Welcome to Special Nutrition Program Main Page

Print Blank Application Forms

Although it is recommended that providers submit their paperwork online, some users prefer to submit the hard copy form to their coordinator. To print blank application forms and submit a hard copy of their information to the SNP office, select the **Print Blank Application Forms** button. The user will be directed to the Print Documents form.

A directory of all programs' paper applications and forms will be found in this section. (see *Figure 2.1-2*)

Northrop Grumman Knows Child Nutrition IT

Welcome to SNP On-Line. v3.24 (Aug. 13, 2012)

[Enter Claims](#)
[Discussion Forum](#)
[Home](#)
[Existing User Log-On](#)
[NSLP](#)
[Centers](#)
[CACFP Homes](#)
[Summer Food](#)
[Rates/Poverty Levels](#)
[USDA Web Site](#)
[USDA NSLP Site](#)
[School Nutrition Assoc.](#)
[USDA CACFP Site](#)
[USDA SFSP Site](#)
[Resource Library](#)
[Privacy Statement](#)
[AR DHS Home Page](#)

SNP Resource Library

Application Packets

- * [CACFP Application Packet](#) (414 KB)
- * [NSLP Application Packet](#) (271 KB)
- * [SFSP Application Packet](#) (269 KB)

CACFP and SFSP Forms

- * [Adult Participant Income Eligibility Application](#) (69 KB)
- * [CACFP Food Service Contract](#) (72 KB)
- * [CACFP Letter To Parents](#) (43 KB)
- * [Center Sponsor Listing](#) (128 KB)
- * [Child Food Program Enrollment Form](#) (27 KB)
- * [Free And Reduced Price Meal Application](#) (56 KB)
- * [Home Sponsor Listing](#) (189 KB)
- * [SFSP Food Service Contract](#) (36 KB)
- * [SFSP Public Release Form SNP8](#) (901 KB)

Claim Forms

- * [Center Paper Claim Form](#) (21 KB)
- * [NSLP Paper Claim Form](#) (42 KB)
- * [SFSP Paper Claim Form](#) (26 KB)
- * [SNP Claims Training Manual](#) (2271 KB)

General Forms

- * [Application User Manual](#) (12732 KB)
- * [Center Sponsor Listing](#) (128 KB)
- * [Certificate of Authority\(Request For Access\)](#) (21 KB)
- * [Direct Deposit Form](#) (22 KB)
- * [Discrimination Complaint Form](#) (14 KB)
- * [Executive Order Disclosure Form](#) (36 KB)
- * [Federal W9 Request For TIN](#) (71 KB)
- * [OnLine Claims Training Manual](#) (2271 KB)
- * [Public Release Form SNP8](#) (21 KB)

NSLP Forms

- * [Addendum to NSLP Food Service Contract](#) (111 KB)
- * [NSLP Food Service Mgmt Contract](#) (201 KB)
- * [NSLP LEA Joint Agreement](#) (29 KB)
- * [NSLP Meal Count Procedures](#) (21 KB)
- * [NSLP Sample Meal Count Form](#) (18 KB)
- * [USDA Memo Headstart Eligibility](#) (31 KB)

USDA Memos

- * [USDA Memo Headstart Eligibility](#) (31 KB)

Figure 2.1-2 – Print Forms page

To access a specific form or application, select the form name. This will redirect the user to an Acrobat Reader PDF form to allow the user to print the form. (see *Figure 2.1-3*)

**SPECIAL NUTRITION PROGRAMS
CERTIFICATE OF AUTHORITY**

Agreement #: _____

This is to certify that _____
(PRINT NAME OF AUTHORIZED PERSON)

(SIGNATURE OF AUTHORIZED PERSON)

(TITLE)

IS DESIGNATED AS THE AUTHORIZED REPRESENTATIVE OF THE

(NAME OF INSTITUTION)

(TELEPHONE NUMBER)

(STREET ADDRESS)

(CITY, STATE, ZIP)

Authority is hereby given to the above designated representative to enter into an agreement whether by handwritten or electronic signature, on behalf of the above-named institution for the operation of the Child and Adult Care Food Program, National School Lunch Program, and/or Summer Food Service Program, on all remaining forms for this application and any other documents or Division reports relating thereto, including claims for reimbursement.

Non-Profit Institution

BY: _____
(SIGNATURE: EXECUTIVE DIRECTOR, PRESIDENT OF BOARD OF DIRECTORS OR SCHOOL SUPERINTENDENT) (DATE)

For-Profit Institution (CACFP Only)

BY: _____
(SIGNATURE: OWNER(S)) (DATE)

By my signature above, I understand that Special Nutrition Programs **must** be advised immediately of any change in authorized personnel and my designation of the above-named representative does not relieve me of any liability for the mistakes, fraud or any other illegal activity performed by the designated representative in the name of or on behalf of the above-named institution.

Figure 2.1-3 – Example of Certificate of Authority from Print Document directory

Select the **Print** button on the tool bar or select *File* from the tool bar and then select *Print* in the drop down list to print a document.

Select the **Back** button on the tool bar to return to the directory or close the browser.

Applying to the Special Nutrition Program On-Line

The **Apply to participate in the Special Nutrition Program On-Line** button can be selected to initiate a request for a user name and password for the Special Nutrition Program on-line application. After selecting this button, the user will be asked a series of questions to the appropriate program.

Follow these steps to navigate to the SNP Initial Screening Form:

Access the Special Nutrition Program Website by using the following URL:

<https://dhs.arkansas.gov/dccece/snp/WelcomeSNPM.aspx>

The Special Nutrition Program Home Page will appear.

Select the button labeled **Apply to Participate in the Special Nutrition Program On-Line** at the bottom of the page.

When the radio button is selected a dot will appear in the provided space to indicate the answer that has been selected.

Select the **Next** button located at the end of the survey. If the user is determined eligible to apply for the Special Nutrition Program through the on-line application, the user will be directed to another set of questions that are specific to the program for which the user is applying.

Enter Claims Discussion Forum Home Existing User Log-On NSLP Centers CACFP Homes Summer Food Rates Poverty Levels USDA Web Site USDA NSLP Site School Nutrition Assoc. USDA CACFP Site USDA SFSP Site Resource Library Privacy Statement AR DHS Home Page	Please enter your personal information below:			
	Please enter the name and contact information for the Executive Director or Responsible Person for the Tax Identification Number you enter below.			
	Program	NSLP		
	Last Name			
	First Name			
	Middle Initial			
	TIN			
	Phone			
	FAX			
	E-Mail Address			
	Security Question	Mothers Maiden Name? ▼		
	Security Answer			
	Last 4 Digits of Social Security Number			
	Business Information			
	Agreement Prefix	ZZ ▼	Agreement Number	
License Number				
Entity Name:				
Mailing Address				
Address Line1				
Address Line2				
ZIP Code	-	State		
City		County		
Physical Address				
Same as Mailing Address				
Address Line1				
Address Line2				
ZIP Code	-	State		
City		County		
Address Where Records Are Kept				
Same as Mailing Address Same as Physical Address				
Address Line1				
Address Line2				
ZIP Code	-	State		
City		County		

Physical Address	
Same as Mailing Address	
Address Line1	
Address Line2	
ZIP Code	- State
City	County
Address Where Records Are Kept	
Same as Mailing Address Same as Physical Address	
Address Line1	
Address Line2	
ZIP Code	- State
City	County
Contact Information	
Contact Person	
Last Name	
First Name	
Telephone	
FAX Number	
E-Mail	
Alternate	
Phone	
General Information	
Status	PENDING APPROVAL
Directions	
Assigned Coordinator	TERESA WELCH

NSLP Initial Screening
Please select the correct entity type for your business. ☐ Independent Local Education Agency ☐ Local Education Agency with more than one site Please indicate the types of meals you will serve. ☐ Breakfast ☐ Lunch ☐ Breakfast and Lunch ☐ Milk Only Do you plan to charge for the meals indicated above? ☐ Yes ☐ No Do you plan to participate in the snack program? ☐ Yes ☐ No Submit Request for Access to the SNP System

- a. If the user is determined not eligible to apply for the Special Nutrition Program through the on-line application, the user will receive a message stating the following: "You need more information to proceed. Please contact SNP Central Office for information for the SNP Program. You may contact 1-800-xxx-xxxx or 555-xxx-xxxx for assistance."
2. Additional questions will be posed to the user to evaluate the appropriate program.

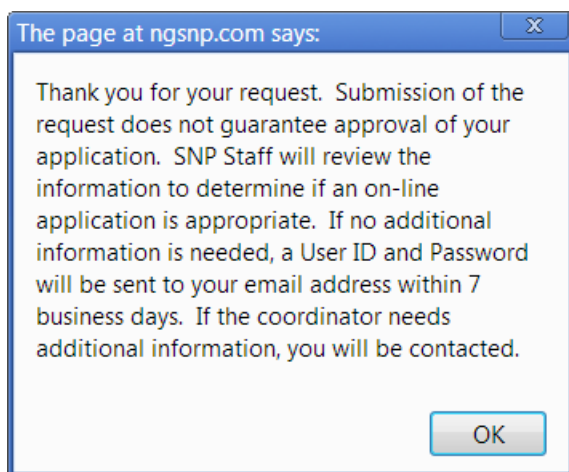
Note: Day Care Homes and Home Sponsors cannot apply for a user name online. All other programs can request a user name and password online, unless they are already an SNP recipient. If the user is already an SNP recipient, they shall contact SNP Central Office for assistance in obtaining their user name and password.

Follow these steps to answer the questions on the program's Initial Screening form:

1. Enter the requested information in the appropriately labeled field.

Note: The **Same As** buttons located in the address portion of the form can be selected if the Mailing, Physical, and/or Record Keeping addresses are the same.

2. Select the radio button beside the answer that is the correct answer to the question being posed.
 - a. When the radio button is selected a dot will appear in the provided space to indicate the answer that has been selected.
3. Once all requested information has been entered and all questions have been answered, select the **Submit Request for Access to the SNP System** button.
4. A message will display indicating whether or not they meet the minimum requirements to request a user name and password.



- a. If the user entered data that meets the minimum requirements, the submitted request will be reviewed by the SNP staff and if approved, an e-mail with log-in instructions will be sent to the e-mail address provided when completing the Initial Screening form.

Existing User Log-on

Users that have access to the SNP On-line application will log in and complete their application to participate in the Special Nutrition Programs.

Entering User Name and Password

Once a user name and password have been assigned, the user can log in to complete the SNP On-line application by using the following steps:

1. Select the **Existing User Log-on** hyperlink from the main menu. (see *Figure 3.1-1*)
2. Enter the User Name and Password assigned to the facility attempting to log-in.
3. Once the information is entered select the **OK** button. To stop this action, select the **Cancel** button.

NORTHROP GRUMMAN

Northrop Grumman Knows Child Nutrition IT

Welcome to SNP On-Line. v3.24 (Aug. 13, 2012)

[Enter Claims](#)
[Discussion Forum](#)

[Home](#)
[Existing User Log-On](#)
[NSLP](#)
[Centers](#)
[CACFP Homes](#)
[Summer Food](#)
[Rates/Poverty Levels](#)
[USDA Web Site](#)
[USDA NSLP Site](#)
[School Nutrition Assoc.](#)
[USDA CACFP Site](#)
[USDA SFSP Site](#)
[Resource Library](#)
[Privacy Statement](#)
[AR DHS Home Page](#)

This is a government computer system and is the property of the Arkansas Department of Human Services. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Human Services, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Human Services personnel.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

Please Enter User Name and Password to Access the System

User Name

Password

[Forget your password? Click Here](#)

Figure 3.1-1 – User Log-On form

Changing Password

Users can change their password by using the following steps:

1. Select the ***Existing User Log-on*** hyperlink from the Main Menu.
2. Select the **Change Password** button.
 - a. When the **Change Password** button is selected, additional fields will display labeled New Password and Confirm New Password.

Note: All passwords must contain both uppercase and lowercase alpha characters and at least one numeric character. The password must be at least 8 characters long, and cannot be one of the last 6 passwords used for the user account.

3. Enter the Username and current password in the corresponding fields.
4. Enter the desired password in the New Password field.
5. Re-enter the newly constructed password in the Confirm New Password field and select the **OK** button. To stop this action, select the **Cancel** button.
6. Once the password is updated, the user is required to sign in using the new password before they can access the online application system.

The newly entered password will be saved and can be used for future log-ins.

Note: Passwords are required to be changed every 90 days. The user shall receive a message when attempting to access the program if the password is due to expire within 14 days or has expired since last log-in.

Lost Password

If a user forgets their current password that will allow them to access the SNP on-line application, the following steps can assist them in resetting their password:

1. Select the ***Existing User Log-on*** hyperlink from the Main Menu.
2. Enter the Username in the corresponding field.
3. Select the **Lost Password** button.
 - a. A security question and answer field will appear below the **Lost Password** button.
4. Enter the correct Security Answer for the question listed and select the **Submit** button. To stop this action, select the **Cancel** button.

5. A message will display and an email will be sent to the user notifying them that the password has been reset to the last four digits of their Social Security Number.
 - a. If the user cannot answer their Security Question, the user must contact SNP Central Office at 1-800-482-5850 ext. 28699 or 682-8869 for additional assistance.

Alerts

Accessing Alerts

1. Upon successful log-on to the system, the user is redirected to their home page. This page will display a welcome message, alerts data grid, and all businesses associated to the user.
 - a. The alerts will default to the New and Open alerts.

Alerts for user: wivory

Alerts: (Default view shows New and Open Alerts)

Select	Alert_Status	Alert_Reason	Open Date	View Date	Closed Date
Select	New	Mass Alert	08/12/2013		
Select	New	Mass Alert	08/12/2013		
Select	New	Mass Alert	08/09/2013		
Select	New	Mass Alert	08/08/2013		
Select	New	Mass Alert	08/05/2013		

Businesses Associated with wivory

Select	Prefix	Number	TIN	Name	Phone
Select	TA	621	320237049	CHRISTIAN FAITH YOUTH OUTREACH	5015841795

2. To read an alert,
 - a. The user is redirected to a Site Alert form which displays all data regarding the alert.

Northrop Grumman Knows Child Nutrition IT

Welcome GREG G FITCH

v3.24 (Aug. 13, 2012)

[Enter Claims](#)
[Discussion Forum](#)

[Home](#)
[Application](#)
[Admin Functions](#)
[Security Maint](#)
[Call Log](#)
[Training](#)
[Reports](#)
[Resource Library](#)
[File Upload](#)
[Training Calendar](#)
[On-Line Training](#)
[Privacy Statement](#)
[AR DHS Home Page](#)
[Data Entry](#)
[Log Out](#)

Alert Information

Agreement #

Status

Reason

Assigned To

Comments

Open Date

View Date

Close Date

Alerts: (Default view shows New and Open Alerts)

Select	Facility	Alert Status	Alert Reason	Open Date	View Date	Closed Date
Select	B4	In Process	Application Change	03/27/2013	05/10/2013	
Select	A638	In Process	New Application	06/14/2011	05/18/2012	
Select	A638	In Process	Application Change	06/14/2011	03/14/2013	
Select	A638	In Process	Admin Approval	06/03/2009	08/04/2009	
Select	A638	In Process	New Application	06/03/2009	02/01/2011	

1 2 3 4 5 6 7

3. The Open Date and View Date auto-populates the date and time when the alert is accessed the first time. The Close Date auto-populates the date and time when the user changes the Status from “In Process” to “Closed”.
 - a. The status is automatically updated on “New” alerts to display as “In Process” once accessed and are then considered as Open.
 - b. Once the alert is closed, the alert is removed from the home page alert data grid.
 - c. Find closed alerts by selecting the **View Closed** button.

Select	Facility	Alert Status	Alert Reason	Open Date	View Date	Closed Date
Select	B4	Closed	Facility Reassigned	06/11/2008	06/12/2008	06/17/2008
Select	B4	Closed	Facility Reassigned	03/25/2008	06/18/2008	02/03/2009
Select	B4	Closed	Admin Approval	03/25/2008	03/25/2008	02/03/2009

- d. The user can use the **View New/Open**, **View New**, and **View Closed** buttons to filter their alerts.

Business and Site Maintenance

Business Maintenance

From the user's home page, the user can select their business to access the Business Maintenance form.

The screenshot shows the Northrop Grumman Knows Child Nutrition IT home page. The header includes the title and a welcome message for GERTRUDE J BELDERSON. A sidebar on the left contains navigation links. The main content area displays an NSLP Message, alerts for the user, and a table of businesses associated with the user.

Northrop Grumman Knows Child Nutrition IT
Welcome GERTRUDE J BELDERSON v3.24 (Aug. 13, 2012)

[Enter Claims](#)
[Discussion Forum](#)

Home
[Resource Library](#)
[Training Calendar](#)
[On-Line Training](#)
[Privacy Statement](#)
[AR DHS Home Page](#)
[Data Entry](#)
[Log Out](#)

NSLP Message -

Alerts for user: gbelderson
Alerts: (Default view shows New and Open Alerts)
[View New/Open](#) [View New](#) [View Closed](#)
No Alerts For gbelderson

Businesses Associated with gbelderson

Select	Prefix	Number	TIN	Name	Phone
Select	ZZ	14	5555556666	BELDERSON SCHOOL FOR THE DEAF	5601111111
1					

Business Maintenance stores the contact information for a Business or Sponsor. The form displays the facility information such as addresses, contact information and allows the user access to applications and any sites associated to the business. (see *Figure 5.1-1*)

The screenshot shows the SNP Business Maintenance form. It includes sections for Business Information, Mailing Address, Physical Address, Address Where Records Are Kept, and Contact Information. The form contains various input fields, dropdown menus, and buttons for data entry.

SNP Business Maintenance

[Applications](#) [Site Maintenance](#) [View Screening](#) [NSLP Direct Certification](#)

Business Information

Agreement Prefix: Agreement Number:
TIN: CCL Number:
FPRS Type: CCL Status:
Entity Name:

Mailing Address

Address Line1:
Address Line2:
ZIP Code: State:
City: County:

Physical Address

[Same as Mailing Address](#)
Address Line1:
Address Line2:
ZIP Code: State:
City: County:
Latitude: Longitude:
[Fetch Coordinates](#)

Address Where Records Are Kept

[Same as Mailing Address](#) [Same as Physical Address](#)
Address Line1:
Address Line2:
ZIP Code: State:
City: County:

Contact Information

Contact Person:
Last Name: First Name:
Contact Title:
Telephone: FAX Number:
Email: Alternate:
Authorized Signature:

Contact Information			
Contact Person			
Last Name	BELDERSON	First Name	GERTRUDE
Contact Title			
Telephone	580 111-1111	FAX Number	
Email	tjwelch@arkansas.gov	Alternate	
Authorized Signature			
General Information			
Status	PENDING APPRC PENDING APPROVAL	☐ Direct Deposit Direct Deposit Uncheck	
Last Review		Last Audit	
Entity Type	NSLP Independent LEA I NSLP Independent LEA Prind	☐ Paper Application Paper Application Und	
Fiscal Year Start	(mm/dd) - No Year	Fiscal Year End	(mm/dd) - No Year
Initial/Pre-op Review		Next Scheduled Review	
Directions			
Assigned DCC Staff		☐ Allow Adjustments Allow Adjustments Unchecked TERESA WELCH TERESA WELCH	Assignment History
Save			

Figure 5.1-1 – Business Maintenance

The user can select the **Applications** button to access the Application Main form. The **Site Maintenance** button will redirect the user to the Site Maintenance form. The **View Screening** function is not available for NLSP.

If the Business is NSLP or NLSP Entity Types, when the **View Screening** button is selected, the user will receive the message, “*This function is not available for NLSP or unassigned facilities.*”

The online application system is integrated with the Child Care Licensing (CCLAS) and DHS Exclusions systems.

The facility status is validated and displayed from the Child Care Licensing system.

- The system displays any exclusions the facility has had. *Business Directors and Business Users will not be able to view exclusion data.*

Site Maintenance

When the user selects the **Site Maintenance** button in Business Maintenance, the user is redirected to the Site Listing page. This page displays all of the sites associated with the business. The user can select a site within the data grid or add sites. (see *Figure 5.2-1*)

Northrop Grumman Knows Child Nutrition IT

Welcome ARTHUR C BELDERSON v3.24 (Aug. 13, 2012)

[Enter Claims](#)
[Discussion Forum](#)
[Home](#)
[Resource Library](#)
[Training Calendar](#)
[On-Line Training](#)
[Privacy Statement](#)
[AR DHS Home Page](#)
[Data Entry](#)
[Log Out](#)

Facilities Assigned to Sponsor

BELDERSON SCHOOL FOR THE BLIND
 123 MAIN
 LITTLE ROCK, AR 72223

[Return to Facility](#)

Select	Remove	CCLNum	Name	Phone	Status
Select	Remove	22222	CARE BEAR LAND PRESCHOOL	870 423-7132	ACTIVE
Select	Remove	22264	DAY DREAMS DAY CARE	479 787-1008	ACTIVE

1

To add a facility to this sponsor, enter license number below:

License Number
 Site
 Name

Figure 5.2-1 Site Listing

All Active and Inactive Sites will be displayed in the data grid. If a site has been closed by the Childcare Licensing Unit, the user shall contact their SNP Coordinator to change the status to Inactive.

The user can remove Active or Inactive Sites at any time, by selecting the **Remove** button. The assigned SNP Coordinator will receive an alert when the user adds or removes sites they are associated with.

When the user selects a site or selects the **Add New** button, the user is redirected to the Site Maintenance form.

Site Information			
CCL Number			
CCL Status		License Type	
	Get CCL Data		
Operating Name			
Physical Address			
Address Line 1			
Address Line 2			
ZIP Code		City	
State		County	
Telephone			
Status	ACTIVE	License Capacity	
Latitude		Longitude	
	Fetch Coordinates		
School District		Find School District	
Owner Information			
Owner Last Name		Owner First Name	
Middle Initial		Owner SSN/TIN	
History Information			
SNP Approved Date		Add Date	
SNP End Date		Last Updated	
Directions			
Notes			
Sponsor Information			
Agreement Number	ZZ794		
Sponsor Name	SUMMER CAMP TEST 1		
	Save	Return to Site Maint.	Seriously Deficient

The online application system is integrated with the Child Care Licensing system (CCLAS) and DHS Exclusions. The facility status is validated and displayed from the Child Care Licensing system. The system displays any exclusions the facility has had. *Business Directors and Business Users will not be able to view exclusion data.*

New and Reapplication Processes

To initiate a new or reapplication, select the business from the home page to advance to the Business Maintenance form. On the Business Maintenance form, select the **Applications** button to advance to the Application Main form. (see *Figure 6.1-1*)

Select	Contract Year	Start Date	End Date	Status
Select	2013	07/01/2012	06/30/2013	Pending Submission
1				

Complete the information below to add a new application or renewal application:

Contract Year:

Contract Start:

Contract End:

Figure 6.1-1 Application Main

For New or Reapplications, enter the contract year in the contract year field to initiate the process. When the user exits the field, the system will auto-populate the Contract Start and Contract End fields.

The user shall select the **Add New/Renewal Application** button to add the application to the application's data grid.

Select an application from the applications data grid to access the application checklist.

Completing On-Line Applications

Accessing the Online Application Checklist

Select an application in the application data grid on the Application Main form to access the application checklist.

The type of Business determines the correct application checklist the user will use. (see *Figure 7.1-1*)

The application checklist is made up 2 sections: Online Documents and Paper Documents. Each section includes hyperlinks, checkboxes and buttons.

Online Documents

The hyperlinks found in the Item Description column redirect the user to the specific forms to be completed.

The checkboxes in the Started, Completed by Entity, Approved by SNP, and Additional Info Requested columns inform the user of the status of each specific form.

The **Details** hyperlink, listed at the end of each form's row, notifies the user of additional information needed for a specific form. The user will select the **Details** hyperlink to access more information regarding the missing information.

SNP Staff can send an alert or an email to the business user to notify of additional information needed to process the form.

NSLP, SBP, and SMP Independent LEA Pricing Checklist				
ZZ14 - BELDERSON SCHOOL FOR THE DEAF				
Contract Period		7/1/2012	6/30/2013	Update
Item Description	Started	Completed by Entity	Approved by SNP	Additional Info Requested
On-Line Documents				
NSLP Application for Participation - 2134I	☐	☐	☐	☐ Details
Funds Received - SNP4	☐	☐	☐	☐ Details
Pricing Policy Statement for Free and Reduced Price Meals and or Milk Programs - NSL2137	☐	☐	☐	☐ Details
Pre-Award Compliance Review - SNP6	☐	☐	☐	☐ Details
Public Release Verification - SNP7 (If Applicable)	☐	☐	☐	☐ Details
NSLP After School Snack Agreement	☐	☐	☐	☐ Details
Officers and Employees - NSLP3	☐	☐	☐	☐ Details
NSLP, SBP and SMP Agreement - 2136	☐	☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL	☐	☐	☐	☐ Details
E-Mail text E-Mail				

Figure 7.1-1 – Example of an incomplete Application Checklist

Paper Documents

The hyperlinks found in the Item Description column open .pdf files of the specific forms to be printed, completed and either uploaded to the system or mailed to the SNP office.

The checkboxes in the Uploaded, Completed by Entity, Approved by SNP, and Additional Info Requested columns inform the user of the status of each specific form.

The **Details** hyperlink, listed at the end of each form's row, notifies the user of additional information needed for a specific form. The user will select the **Details** hyperlink to access more information regarding the missing information.

SNP Staff can send an alert or an email to the business user to notify of additional information needed to process the form.

Paper Documents				
Upload Documents	Uploaded			
Certificate of Authority	☐	☒ 6/2/2009	☒ 6/2/2009	☐ Details
Food Service Contract (If Applicable)	☐	☒ 6/2/2009	☒ 6/2/2009	☐ Details
W-9 Taxpayer ID Certification	☐	☒ 6/2/2009	☒ 6/2/2009	☐ Details
Executive Order Disclosure Form - EO9804	☐	☒ 6/2/2009	☒ 6/2/2009	☐ Details
Direct Deposit Form (Optional)	☐	☒ 6/2/2009	☒ 6/2/2009	☐ Details
Training Status	No Training Records	☒ 6/2/2009	☐ Details	

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Coordinator Override Submit Date

Three hyperlinks, ***Return to Home Page***, ***Return to Facility***, and ***Return to Checklist***, are found on all online forms and checklists to offer the user shortcuts for easier navigation throughout the system.

The system will display a date on the checklist to verify when the form was completed, approved or the date additional information was requested.

By using the checkboxes and the dates, the user can monitor what has been processed on their application.

Once all mandatory forms have been completed, the user will submit the application. An alert is sent to the assigned coordinator to notify that the application is ready for processing.

The system will display the date and time that the user submitted the form.

National School Lunch Program (NSLP)

The National School Lunch Program is a federally assisted meal program operating in more than 99,800 public, non-profit private schools, and residential child care institutions. Depending upon the type of business, they are categorized as pricing or non-pricing organizations. If the organization has multiple sites, they are considered business organizations, whereas individual schools and childcare institutions are deemed independents.

Each section will give a synopsis of the forms for each specific checklist. However, all of the forms will work the same. There are two types of forms: Online Documents and Paper Documents.

With the Online Documents, when the user starts a form, the system will automatically check the Started check box. When the form is submitted, the system will check the Completed by Entity checkbox. With the Paper Documents, the user will be required to manually select the Completed by Entity checkbox when they send in their paper documents to SNP Central Office.

The user shall complete the Online Documents and select the Submit button to electronically submit the form to the user's checklist. In some instances, the form may be information that must be read. The submit button for that form may read as "I Have Read and Understand This Form" or similar wording. Some forms may span additional pages, due to their length.

Each form will give the user the opportunity to print the document for their records. Some forms will allow the user to copy data from one year to the next.

The Paper Documents section has links to allow the user to print PDF documents to be completed and returned to SNP Central Office. However, depending on the program, some information may not require a form.

NSLP Independent LEA Non-Pricing

On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 9.1-1a-1b*)

Return to Home Page Return to Facility Return to Checklist				
NSLP, SBP, and SMP Independent LEA Non-Pricing Checklist				
G51 - DANAS HOUSE INC				
Contract Period	7/1/2012	6/30/2013	Update	
Item Description	Started	Completed by Entity	Approved by SNP	Additional Info Requested
On-Line Documents				
NSLP Application for Participation - 2134I	☒	☒ 5/21/2012	☒ 6/7/2012	☐ Details
Funds Received - SNP4	☒	☒ 5/4/2012	☒ 5/10/2012	☐ Details
Non-Pricing Policy Statement for Free and Reduced Price Meals and or Milk Programs - NSL2152	☒	☒ 5/2/2012	☒ 5/10/2012	☐ Details
Pre-Award Compliance Review - SNP6	☒	☒ 5/2/2012	☒ 5/10/2012	☐ Details
Public Release Verification - SNP7 (If Applicable)	☐	☐	☐	☐ Details
NSLP After School Snack Agreement	☒	☒ 5/2/2012	☒ 5/10/2012	☐ Details
Officers and Employees - NSLP3	☒	☒ 5/2/2012	☒ 5/10/2012	☐ Details
NSLP, SBP and SMP Agreement - 2136	☒	☒ 5/2/2012	☒ 5/10/2012	☐ Details
Disclosure of Lobbying Activities - SFLL	☒	☒ 5/2/2012	☒ 5/10/2012	☐ Details
Annual Attestation of Compliance with Meal Pattern Requirements	☒	☒ 10/31/2012	☒ 10/31/2012	☐ Details

Figure 9.1-1a – NSLP Independent Non-Pricing Checklist

EMail text																								
EMail																								
Paper Documents																								
Upload Documents	Uploaded																							
Certificate of Authority	☐	☒ 5/2/2012	☒ 5/10/2012	☐ Details																				
Food Service Contract (If Applicable)	☐	☐	☐	☐ Details																				
W-9 Taxpayer ID Certification	☐	☒ 5/2/2012	☒ 5/10/2012	☐ Details																				
Executive Order Disclosure Form - EO9804	☐	☒ 5/2/2012	☒ 5/10/2012	☐ Details																				
Direct Deposit Form (Optional)	☐	☐	☐	☐ Details																				
Training Status																								
		☒ 6/7/2012	☐ Details																					
<table border="1"> <thead> <tr> <th>Training Date</th> <th>Attended</th> <th>Program</th> <th>Class Name</th> </tr> </thead> <tbody> <tr> <td>04/09/2013</td> <td>☐</td> <td>NSLP</td> <td>NSLP REGIONAL TRAINING</td> </tr> <tr> <td>10/22/2012</td> <td>☒</td> <td>NSLP</td> <td>6 CENT PERFORMANCE AWARD</td> </tr> <tr> <td>08/02/2012</td> <td>☒</td> <td>NSLP</td> <td>ANNUAL TRAINING</td> </tr> <tr> <td colspan="4" style="text-align: center;"> 1 2 3 </td> </tr> </tbody> </table>	Training Date	Attended	Program	Class Name	04/09/2013	☐	NSLP	NSLP REGIONAL TRAINING	10/22/2012	☒	NSLP	6 CENT PERFORMANCE AWARD	08/02/2012	☒	NSLP	ANNUAL TRAINING	1 2 3							
Training Date	Attended	Program	Class Name																					
04/09/2013	☐	NSLP	NSLP REGIONAL TRAINING																					
10/22/2012	☒	NSLP	6 CENT PERFORMANCE AWARD																					
08/02/2012	☒	NSLP	ANNUAL TRAINING																					
1 2 3																								
I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.																								
Submit Application to SNP																								
Coordinator Override Submit Date																								
Submitted on: 6/14/2012 3:25:20 PM																								
Status Approved/Amended	Coordinator Approval Coordinator UnApprove																							
	Coordinator Approved On: 7/23/2012 1:04:51 PM																							
	Administrator Approved on: 7/23/2012 1:04:59 PM																							
Application Type NSLP Independent LEA Non Pric v Change Application Type																								
Business At A Glance Report																								

Figure 9.1-1b – NSLP Independent Non-Pricing Checklist

Below is a listing of each on-line document:

NSLP Application for Participation – 2134I

This form shall be completed for all businesses with only one facility/school, which identifies information such as Facility/School Data, Enrollment Data, Food Service Data and Local Education Agency Option.

Funds Received – SNP 4

This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than \$100,000 per year in state and/or Federal funds.

Non-Pricing Policy Statement for Free and Reduced Price Meals and/or Milk Programs – NSL2152

This statement assures that all participants in attendance will be offered the same meals as non-participants.

Pre-Award Compliance Review – SNP6

This form contains information regarding Title VI compliance information.

Public Release Verification – SNP7

This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.

The hyperlink, ***Public Release Form SNP-8***, redirects the user to a paper document the user would send to the news media.

NSLP After School Agreement

This form contains information regarding USDA requirements to provide reimbursable snacks for the After School Snack Program.

Officers and Employees – NSLP3

Applicants will list board member, owner and employee information on this form.

NSLP, SBP and SMP Agreement - 2136

This Agreement contains participant rules and responsibilities for taking part in the National School Lunch Program, Special Milk Program, and School Breakfast Program.

Disclosure of Lobbying Activities – SFLLL

Annual Attestation of Compliance with Meal Pattern Requirements

Paper Documents

Below is a listing of each paper document listed on the ***NSLP, SBP and SMP Independent LEA Non-Pricing Checklist***:

Certificate of Authority

Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement on behalf of the institution for the operation of the SNP program for that facility.

Food Service Contract

Applicants will be required to complete this form if they answered that they have a contract for meals on the NSLP Application for Participation – 2134I form.

W-9 Request for Tax Payer Identification Number and Certification

Applicants must complete this form.

Executive Order Disclosure Form

Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the previously listed persons must complete this disclosure. This form is required to be completed by all applicants.

Direct Deposit Form

Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

NSLP Independent LEA Pricing

On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 9.2-1a-1b*)

NSLP, SBP, and SMP Independent LEA Pricing Checklist				
ZZ14 - BELDERSON SCHOOL FOR THE DEAF				
Contract Period		7/1/2012	6/30/2013	Update
Item Description	Started	Completed by Entity	Approved by SNP	Additional Info Requested
On-Line Documents				
NSLP Application for Participation - 2134I	☐	☐	☐	☐ Details
Funds Received - SNP4	☐	☐	☐	☐ Details
Pricing Policy Statement for Free and Reduced Price Meals and or Milk Programs - NSL2137	☐	☐	☐	☐ Details
Pre-Award Compliance Review - SNP6	☐	☐	☐	☐ Details
Public Release Verification - SNP7 (If Applicable)	☐	☐	☐	☐ Details
NSLP After School Snack Agreement	☐	☐	☐	☐ Details
Officers and Employees - NSLP3	☐	☐	☐	☐ Details
NSLP, SBP and SMP Agreement - 2136	☐	☐	☐	☐ Details
Disclosure of Lobbying Activities - SFLLL	☐	☐	☐	☐ Details
Paper Documents				
Upload Documents	Uploaded			
Certificate of Authority	☐	☐	☐	☐ Details
Food Service Contract (If Applicable)	☐	☐	☐	☐ Details
W-9 Taxpayer ID Certification	☐	☐	☐	☐ Details
Direct Deposit Form (Optional)	☐	☐	☐	☐ Details
Executive Order Disclosure Form - EO9804	☐	☐	☐	☐ Details
Training Status	No Training Records		☐	☐ Details
I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes. Submit Application to SNP				

Figure 9.2-1a – NSLP Independent LEA Pricing Checklist

Below is a listing of each on-line document:

NSLP Application for Participation – SNP 2134I

This form shall be completed for all businesses with only one facility/school, which identifies information such as Facility/School Data, Enrollment Data, Food Service Data and Local Education Agency Option.

Funds Received – SNP 4

This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than \$100,000 per year in state and/or Federal funds.

Pricing Policy Statement for Free and Reduced Price Meals and/or Milk Programs –NSL2137

This statement assures that all participants in attendance will be offered the same meals as non-participants.

Pre-Award Compliance Review – SNP6

This form contains information regarding Title VI compliance information.

Public Release Verification – SNP7

This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.

The hyperlink, ***Public Release Form SNP-8***, redirects the user to a paper document the user would send to the news media.

NSLP After School Snack Agreement

This form contains information regarding USDA requirements to provide reimbursable snacks for the After School Snack Program.

Officers and Employees – NSLP3

Applicants will list board member, owner and employee information on this form.

NSLP, SBP and SMP Agreement - 2136

This Agreement contains participant rules and responsibilities for taking part in the National School Lunch Program, Special Milk Program, and School Breakfast Program.

Disclosure of Lobbying Activities – SFLLL

Paper Documents

Below is a listing of each paper document listed on the ***NSLP, SBP, and SMP Independent LEA Pricing Checklist***:

Certificate of Authority

Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement of behalf of the named institution for the operation of the SNP program for that facility.

Food Service Contract

Applicants will be required to complete this form if they answered that they have a contract for meals on the NSLP Application for Participation – 2134I form.

W-9 Request for Tax Payer Identification Number and Certification

Applicants must complete this form.

Direct Deposit Form

Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

Executive Order Disclosure Form – EO9804

Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the previously listed persons must complete this disclosure. This form is required by all applicants.

NSLP Business LEA Non-Pricing

On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see Figures 9.3-1a-1b)

Contract Period	7/1/2012	6/30/2013	Update	
Item Description	Started	Completed by Entity	Approved by SNP	Additional Info Requested
On-Line Documents				
NSLP Application for Participation - 2134B	☒	☒ 4/12/2012	☒ 5/10/2012	☐ Details
NSLP Site Applications - 2134S	☒	☒ 9 of 9	☒ 9 of 9	☐ Details
Funds Received - SNP4	☒	☒ 4/12/2012	☒ 5/10/2012	☐ Details
Non-Pricing Policy Statement for Free and Reduced Price Meals and or Milk Programs - NSL2152	☒	☒ 8/8/2012	☒ 5/10/2012	☐ Details
Pre-Award Compliance Review - SNP6	☒	☒ 6/7/2012	☒ 5/10/2012	☐ Details
Public Release Verification - SNP7 (If Applicable)	☐	☐	☐	☐ Details
NSLP After School Snack Agreement	☒	☒ 4/12/2012	☒ 5/10/2012	☐ Details
Officers and Employees - NSLP3	☒	☒ 4/25/2012	☒ 5/10/2012	☐ Details
NSLP, SBP and SMP Agreement - 2136	☒	☒ 4/12/2012	☒ 5/10/2012	☐ Details
Disclosure of Lobbying Activities - SFLLL	☒	☒ 4/12/2012	☒ 5/10/2012	☐ Details
Annual Attestation of Compliance with Meal Pattern Requirements	☐	☐	☐	☐ Details
Email text				
Email				
Paper Documents				
Upload Documents	Uploaded			
Certificate of Authority	☐	☒ 5/9/2011	☒ 5/10/2012	☐ Details
Food Service Contract (If Applicable)	☐	☐	☐	☐ Details
W-9 Taxpayer ID Certification	☐	☒ 5/9/2011	☒ 5/10/2012	☐ Details
Executive Order Disclosure Form - EO9804	☐	☒ 4/25/2012	☒ 7/30/2012	☐ Details
Direct Deposit Form (Optional)	☐	☐	☐	☐ Details

Training Status				☒ 5/25/2012	☐ Details
Training Date	Attended	Program	Class Name		
04/23/2013	☐	NSLP	NSLP REGIONAL TRAINING		
04/09/2013	☐	NSLP	NSLP REGIONAL TRAINING		
04/03/2013	☐	NSLP	RCCI NSLP REGIONAL TRAINING		
1 2 3 4 5 6					
I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes. Submit Application to SNP Coordinator Override Submit Date Submitted on: 4/25/2012 3:25:14 PM					
Status Approved/Amended		Coordinator Approval Coordinator UnApprove Coordinator Approved On: 7/30/2012 11:10:43 AM			
		Administrator Approved on: 8/15/2012 1:45:20 PM			
Application Type NSLP LEA Non Pricing ▼ Change Application Type					
Business At A Glance Report					

Figure 9.3-1a – NSLP Business LEA Non-Pricing Checklist

Below is a listing of each on-line document:

NSLP Application for Participation –2134B

- a. This form shall be completed for all businesses with more than one facility/school, which identifies information such as Facility/School Data, Enrollment Data, Food Service Data and Local Education Agency Option.

NSLP Site Application – NSLP2134S

This list displays all of the sites the business is associated with. The user shall select the site through the Site Application Checklist for the SNP2134S.

This form shall be completed for each site associated with the NSLP Sponsor applying for the National School Lunch Program. For each site, the user shall complete identifying information, including information such as Facility/School Data, Enrollment Data, Food Service Data and Local Education Agency Option.

Funds Received – SNP4

This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than \$100,000 per year in state and/or Federal funds.

Non-Pricing Policy Statement for Free and Reduced Price Meals and/or Milk Programs – NSL2152

This statement assures that all participants in attendance will be offered the same meals as non-participants.

Pre-Award Compliance Review – SNP6

This form contains information regarding Title VI compliance information.

Public Release Verification – SNP7

This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.

The hyperlink, ***Public Release Form SNP-8***, redirects the user to a paper document the user would send to the news media.

NSLP After School Snack Agreement

This form contains information regarding USDA requirements to provide reimbursable snacks for the After School Snack Program.

Officers and Employees – NSLP3

Applicants will list board member, owner and employee information on this form.

NSLP, SBP and SMP Agreement – 2136

This Agreement contains participant rules and responsibilities for taking part in the National School Lunch Program, Special Milk Program, and School Breakfast Program.

Disclosure of Lobbying Activities – SFLLL

Annual Attestation of Compliance with Meal Pattern Requirements

Paper Documents

Below is a listing of each paper document listed on the ***NSLP, SBP, and SMP Business LEA Non-Pricing Checklist***:

Certificate of Authority

Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement of behalf of the named institution for the operation of the SNP program for that facility.

2. Food Service Contract

Applicants will be required to complete this form if they answered that they have a contract for meals on the NSLP Application for Participation – 2134S form.

W-9 Request for Tax Payer Identification Number and Certification

Applicants must complete this form.

Executive Order Disclosure Form – EO9804

Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, of the spouse or immediate family member of any of the previously listed persons must complete this disclosure. This form is required by all applicants.

Direct Deposit Form

Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

NSLP Business LEA Pricing

On-Line Documents

The user shall select their application from the Application Main form. This will redirect the user to their checklist. (see *Figures 9.4-1a-1b*)

Contract Period	7/1/2012	6/30/2013	Update	
Item Description	Started	Completed by Entity	Approved by SNP	Additional Info Requested
On-Line Documents				
NSLP Application for Participation - 2134B	☒	☒ 3/13/2012	☒ 4/30/2012	☐ Details
NSLP Site Applications - 2134S	☒	☒ 1 of 1	☒ 1 of 1	☐ Details
Funds Received - SNP4	☒	☒ 3/13/2012	☒ 5/14/2012	☐ Details
Pricing Policy Statement for Free and Reduced Price Meals and or Milk Programs - NSL2137	☒	☒ 3/13/2012	☒ 5/14/2012	☐ Details
Pre-Award Compliance Review - SNP6	☒	☒ 3/13/2012	☒ 5/14/2012	☐ Details
Public Release Verification - SNP7 (If Applicable)	☒	☒ 3/15/2012	☒ 5/14/2012	☐ Details
NSLP After School Snack Agreement	☒	☒ 3/15/2012	☒ 5/14/2012	☐ Details
Officers and Employees - NSLP3	☒	☒ 3/15/2012	☒ 5/14/2012	☐ Details
NSLP, SBP and SMP Agreement - 2136	☒	☒ 3/15/2012	☒ 5/14/2012	☐ Details
Disclosure of Lobbying Activities - SFLLL	☒	☒ 4/9/2012	☒ 5/14/2012	☐ Details
Annual Attestation of Compliance with Meal Pattern Requirements	☒	☒ 10/24/2012	☒ 10/24/2012	☐ Details
Email text Email				

Paper Documents																			
Upload Documents	Uploaded																		
Certificate of Authority	☒	☒ 4/21/2011	☒ 5/14/2012	☐ Details															
Food Service Contract (If Applicable)	☐	☐	☐	☐ Details															
W-9 Taxpayer ID Certification	☒	☒ 4/21/2011	☒ 5/14/2012	☐ Details															
Direct Deposit Form (Optional)	☒	☒ 4/21/2011	☒ 5/14/2012	☐ Details															
Executive Order Disclosure Form - EO9804	☒	☒ 4/12/2012	☒ 5/14/2012	☐ Details															
Training Status			☒ 6/12/2012	☐ Details															
<table border="1"> <thead> <tr> <th>Training Date</th> <th></th> <th>Attended Program Class Name</th> </tr> </thead> <tbody> <tr> <td>02/28/2013</td> <td>☐</td> <td>NSLP NSLP REGIONAL TRAINING</td> </tr> <tr> <td>09/06/2012</td> <td>☒</td> <td>NSLP CHANGES IN THE NSLP MEAL PATTERNS: 6-CENT CHANGE</td> </tr> <tr> <td>05/17/2012</td> <td>☒</td> <td>NSLP NATIONAL SCHOOL LUNCH PROGRAM</td> </tr> <tr> <td colspan="3" style="text-align: center;">1 2 3</td> </tr> </tbody> </table>					Training Date		Attended Program Class Name	02/28/2013	☐	NSLP NSLP REGIONAL TRAINING	09/06/2012	☒	NSLP CHANGES IN THE NSLP MEAL PATTERNS: 6-CENT CHANGE	05/17/2012	☒	NSLP NATIONAL SCHOOL LUNCH PROGRAM	1 2 3		
Training Date		Attended Program Class Name																	
02/28/2013	☐	NSLP NSLP REGIONAL TRAINING																	
09/06/2012	☒	NSLP CHANGES IN THE NSLP MEAL PATTERNS: 6-CENT CHANGE																	
05/17/2012	☒	NSLP NATIONAL SCHOOL LUNCH PROGRAM																	
1 2 3																			
I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes. Submit Application to SNP Coordinator Override Submit Date Submitted on: 8/28/2012 9:08:26 AM																			
Status Approved/Amended		Coordinator Approval Coordinator UnApprove Coordinator Approved On: 9/25/2012 10:58:07 AM																	
		Administrator Approved on: 9/27/2012 11:25:29 AM																	
Application Type NSLP LEA Pricing v Change Application Type																			
Business At A Glance Report																			

Figure 9.4-1a – NSLP Business LEA Pricing Checklist

Below is a listing of each on-line document:

NSLP Application for Participation – 2134B

This form shall be completed for all businesses with more than one facility/school, which identifies information such as Facility/School Data, Enrollment Data, Food Service Data and Local Education Agency Option.

NSLP Site Applications – 2134S

This list displays all of the sites the business is associated with. The user shall select the site through the Site Application Checklist for the SNP2134S.

This form shall be completed for each site associated with the NSLP Sponsor applying for the National School Lunch Program. For each site, the user shall complete identifying information, including information such as Facility/School Data, Enrollment Data, Food Service Data and Local Education Agency Option

Funds Received – SNP4

This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than \$100,000 per year in state and/or Federal funds.

NLSP Policy Statement for Free and Reduced Price Meals and/or Milk Programs – NSLP2137

This statement assures that all participants in attendance will be offered the same meals as non-participants.

Pre-Award Compliance Review – SNP6

This form contains information regarding Title VI compliance information.

Public Release Verification – SNP7

This form must be completed by participating facilities to satisfy USDA Regulations that all SNP participants submit an annual public release to the news media.

The hyperlink, **Public Release Form SNP-8**, redirects the user to a paper document the user would send to the news media.

NSLP After School Snack Agreement

This form contains information regarding USDA requirements to provide reimbursable snacks for the After School Snack Program.

Officers and Employees – NSLP3

Applicants will list board member, owner and employee information on this form.

NSLP, SBP and SMP Agreement – 2136

This Agreement contains participant rules and responsibilities for taking part in the National School Lunch Program, Special Milk Program, and School Breakfast Program.

Disclosure of Lobbying Activities – SFLLL

Annual Attestation of Compliance with Meal Pattern Requirements

Paper Documents

Below is a listing of each paper document listed on the **NSLP, SBP, and SMP Business LEA Pricing Checklist**:

Certificate of Authority

Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement of behalf of the named institution for the operation of the SNP program for that facility.

NSLP Food Service Contract

Applicants will be required to complete this form if they answered that they have a contract for meals on the NSLP Application for Participation – 2134S form.

W-9 Request for Tax Payer Identification Number and Certification

Applicants must complete this form.

Direct Deposit Form

Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Direct Deposit form.

Executive Order Disclosure Form – EO9804

Applicants that were previously a member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the previously listed persons must complete this disclosure. This form is required by all applicants.

USDA NLSP Site

This hyperlink, found on the main menu, located at the left side of the form, directs the users to the National School Lunch Program section of the USDA website. This hyperlink is only available when the user is not logged on to the system.

Select the **USDA NSLP Site** hyperlink.

The hyperlink opens the USDA National School Lunch Program form and displays a general overview of the program at the national level.

Program Info and Hyperlinks

National School Lunch Program (NSLP) Link

Select the National School Lunch Program (NSLP) hyperlink on the Main Page

This hyperlink directs the user to an overview of the NSLP program

CLAIMS

Accessing the SNP Claims System

Entering User Name and Password

The user can log in to submit the SNP Claim by using the following steps:

1. Go directly to <https://dhs.xxxx.gov/DCCECE/SNPClaims/> or click on Enter Claims from the SNP Main page.
2. Enter the User Name and Password assigned to the facility attempting to log-in.
3. Once the information is entered select the **OK** button. To stop this action, select the **Cancel** button.

Please Enter User Name and Password to Access the System

This is a government computer system and is the property of the Arkansas Department of Human Services. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Human Services, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Human Services personnel.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

User Name

Password

Alerts

Accessing Alerts

Upon successful log-on to the Claims system, the user is redirected to their home page. This page will display the alerts data grid, and all businesses associated to the user.

The alerts will default to the New and Open alerts. (see *Figure 4.1-1*)

Alerts: (Default view shows New and Open Alerts)

View New View Closed View New&Open Generate Alert						
Select	Facility	Alert Status	Alert Reason	Open Date	View Date	Closed Date
Select	G52	In Process	New Application	05/15/2013	05/15/2013	
Select	G26	In Process	Admin Approval	05/15/2013	05/15/2013	
Select	G26	In Process	New Application	05/15/2013	05/15/2013	
Select	S50	New	New Application	04/22/2013		
Select	G66	In Process	Facility Change	03/08/2013	03/08/2013	
1						

Business Search: (Enter One Search Criteria Below to Find a Business)

Agreement Number

TIN

Business Name

Figure 4.1-1 – Alerts Data Grid on Business Home Page

To read an alert, the user shall select the alert from the data grid.

The user is redirected to a Site Alert form which displays all data regarding the alert.

Alert Information

In Process

App Approved

App Approved

710332240

Your application/amendments for participation in the SNP program has been approved.

3/12/2013 2:24:51 PM

6/4/2013 11:40:35 AM

Save

The Open Date and View Date auto-populates the date and time when the alert is accessed the first time. The Close Date auto-populates the date and time when the user changes the Status from “In Process” to “Closed”.

The status is automatically updated on “New” alerts to display as “In Process” once accessed and are then considered as Open.

Once the alert is closed, the alert is removed from the home page alert data grid.

Find closed alerts by selecting the **View Closed** button.

The user can use the **View New/Open**, **View New**, and **View Closed** buttons to filter their alerts.

Enter and Submit Claims

Enter New Claims

From the Claims’ home page, select the business for which user would like to submit a claim, and click on the **Enter Claims** button.

Select	Prefix	Number	TIN	Name	Phone	Status
Select	A	576	710236906	UNITED METHODIST EARLY CHILDRENS HOME	5016610720	INACTIVE
Select	F	19	710236906	METHODIST FAMILY HEALTH	5016610720	ACTIVE
Select	G	64	710236906	BONO METHODIST FAMILY HEALTH	8709328880	ACTIVE
Select	S	72	710236906	UNITED METHODIST DAY TREATMENT SCHOOL	5016610720	ACTIVE

1

Enter Claims

Payment Plan Advance Payments

Facility Payment Additional Payments

The next screen displays the facility’s name, address, TIN and allows the user to access existing Claims, adjust claims that have not been submitted and add new Claims.

(see Figure 5.1-1)

National School Lunch Program - Claim Entry

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TTN: 710236906

Claim Month

Claim Year

Figure 5.1-1 – Claims

Verify Eligibility

Select the month, and enter the year, click on **Verify Eligibility** to verify authorization to claim for this time period.

National School Lunch Program - Claim Entry

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TTN: 710236906

Claim Month

Claim Year

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust		5	2013	Inactive

Submit New Claim

Choose **SELECT**, all sites for the current user will be displayed.

National School Lunch Program - Claim Entry

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TIN: 710236906

Claim Month
Claim Year

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust		5	2013	Inactive

Site Listing for Current Claim

Select	Amount	Date Entered	Name	AllowReimb
Select	No Claim	No Claim	EMERGENCY SHELTER LITTLE ROCK	True
Select	No Claim	No Claim	HEBER SPRINGS/FORMERLY BATESVILLE	True

Click on Select next to the site for which you would like to enter a claim. Complete the form and click on Calculate and/or Save. (Save will calculate the claim and save.)

NSLP Site Claim Data

EMERGENCY SHELTER LITTLE ROCK

Number of Days In Operation

Number of Children Enrolled

Meal Counts

	Free	Reduced	Paid
Number of Breakfast	0	0	0
Number of Lunches	0	0	0
Number of Snacks (Total number of afterschool snacks claimed can only be for M - F no weekends or holidays)	1	0	0
Number of Milks	0	0	

Number of Milks Purchased

Total Milk Cost

Average Daily Attendance Breakfast Lunch Snacks

Breakfast Total

Lunch Total

Snack Total

Milk Total

Subtotal

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust		5	2013	Inactive

Site Listing for Current Claim

Select	Amount	Date Entered	Name	AllowReimb	Status
Select	No Claim	No Claim	KIWANIS BOYS CAMP	True	
1					

SFSP Site Claim Data

Number of Days In Operation

	First Servings	Second Servings
Number of Breakfast	1	0
Number of Lunches	6	0
Number of Snacks	0	0
Number of Suppers	0	0
Average Daily Attendance	6	
Operation Total		
Admin A Total		
Admin B Total		
Subtotal		

CALCULATE or SAVE.

Choosing SAVE will calculate and save in one step. Choosing CALCULATE does not Save.

This message will display to verify that the data has been saved

The page at iisd1 says:

Site Claim Inserted. Please remember to submit your claim from the Claim Summary Page.

Submit Claims

After saving all claims you want to enter, you must submit the claims to SNP.

View Claim Summary

Click on View Claim Summary

Select the month and enter the year for the claim you would like to view.

National School Lunch Program - Claim Entry

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TIN: 710236906

Claim Month

Claim Year

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust		5	2013	Inactive

Choose **SELECT** next to the claim to be submitted, and choose **View Claim Summary**

If the claim has already been submitted, the form is Read Only with the exception of buttons at the bottom of the form that will enable users to Return to Site Claims, Print Site Summary, Print Claim Summary or Print Disbursement.

Review the Claim Summary Data, enter the date, optional comments and choose **SUBMIT** for the claim to be sent to SNP Personnel for authorization. *Once user has chosen SUBMIT, no adjustments can be made unless the user is an authorized Home Sponsor. Users not authorized to make their own adjustments must submit adjustments in writing to SNP personnel.*

NSLP Claim Summary

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TIN: 710236906

Claim Date 08/19/2013
Claim Month May
Claim Year 2013
Number of Sites 1 Number Enrolled 50
Number of Days In Operation 5

<u>Meal Counts</u>	<u>Free</u>	<u>Reduced</u>	<u>Paid</u>
Number of Breakfast	0	0	0
Number of Lunches	0	0	0
Number of Snacks	1	0	0
Number of Milks	0		0

Number of Milks Purchased	0
Total Milk Cost	\$0.00
Average Daily Attendance	Breakfast 0 Lunch 0 Snacks 1
Breakfast Total	\$0.00
Lunch Total	\$0.00
Snack Total	\$0.78
Milk Total	\$0.00
Subtotal	\$0.78
Advance Amount	\$0.00
Balance Due	\$0.00
Payment Plan Amount	\$0.00
Previous Claim Amount	\$0.00
Amount Paid	\$0.78
Date Signed	
Comments	
	Submit
	Return to Site Claims
	Print Site Summary

[Return to Site Claims](#)

Adjust Claims

Search for a Claim

Select the month and enter the year for the claim to be adjusted, click **Search**.

Select the Site for the claim to be adjusted.

Click on Adjust next to the claim to be adjusted

National School Lunch Program - Claim Entry

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TIN: 710236906

Claim Month May

Claim Year 2013 Search

Verify Eligibility

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust	8/19/2013 2:11:43 PM	5	2013	Active
Select	Adjust		5	2013	Inactive

View Claim Summary

Select the new Inactive record.

National School Lunch Program - Claim Entry

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TIN: 710236906

Claim Month May

Claim Year 2013 Search

Verify Eligibility

Claim Listing for Month/Year Requested

Select	Adjust	Submit Date	Month	Claim Year	Status
Select	Adjust	8/19/2013 2:11:43 PM	5	2013	Active
Select	Adjust		5	2013	Inactive

View Claim Summary

Select the site.

Select	Amount	Date Entered	Name	AllowReimb
Select	\$0.78	8/19/2013	EMERGENCY SHELTER LITTLE ROCK	True
Select	No Claim	No Claim	HEBER SPRINGS/FORMERLY BATESVILLE	True
Select	No Claim	No Claim	JOHN MAGALE GROUP HOME	True

Update the claim and Calculate and/or Save

NSLP Site Claim Data

EMERGENCY SHELTER LITTLE ROCK

Number of Days In Operation

Number of Children Enrolled

<u>Meal Counts</u>	<u>Free</u>	<u>Reduced</u>	<u>Paid</u>
Number of Breakfast	0	0	0
Number of Lunches	0	0	0
Number of Snacks (Total number of afterschool snacks claimed can only be for M - F no weekends or holidays)	1	0	0
Number of Milks	0		0
Number of Milks Purchased	0		
Total Milk Cost	0		
Average Daily Attendance	Breakfast 0	Lunch 0	Snacks 1
Breakfast Total	\$0.00		
Lunch Total	\$0.00		
Snack Total	\$0.78		
Milk Total	\$0.00		
Subtotal	\$0.78		

Selected the new inactive claim record, View Summary, enter the date and Submit.

Advance Amount

Balance Due

Payment Plan Amount

Previous Claim Amount

Amount Paid

Date Signed

Comments

F19 - METHODIST FAMILY HEALTH
P O BOX 56050
LITTLE ROCK, AR 72215
TIN: 710236906

Claim Date 08/19/2013
Claim Month May
Claim Year 2013
Number of Sites 1 Number Enrolled 50
Number of Days In Operation 6

<u>Meal Counts</u>	<u>Free</u>	<u>Reduced</u>	<u>Paid</u>
Number of Breakfast	0	0	0
Number of Lunches	0	0	0
Number of Snacks	1	0	0
Number of Milks	0		0

Number of Milks Purchased 0
Total Milk Cost \$0.00
Average Daily Attendance Breakfast 0 Lunch 0 Snacks 1
Breakfast Total \$0.00
Lunch Total \$0.00
Snack Total \$0.78
Milk Total \$0.00
Subtotal \$0.78 Total for Claim Month: \$0.00

Rates/Poverty Levels

Reimbursement Rates

Select the ***Rates/Poverty Levels*** hyperlink on the main menu to access the Poverty Levels and Reimbursement Rates form.

Note: This hyperlink is only available when the user is not logged on to the system.

Reimbursement Rates By Program			
Day Care Home Rates			
Tier I Rates			
Breakfast	\$1.27		
Lunch	\$2.38		
Supplement	\$0.71		
Supper	\$2.38		
Tier II Rates			
Breakfast	\$0.46		
Lunch	\$1.44		
Supplement	\$0.19		
Supper	\$1.44		
Administrative Rates			
1 - 50 Homes	\$107.00		
51 - 200 Homes	\$82.00		
201 - 999 Homes	\$64.00		
1000+ Homes	\$56.00		
Day Care Center Rates			
Breakfast			
Free	\$1.55		
Reduced	\$1.25		
Paid	\$0.27		
Lunch and Supper			
Free	\$2.86		
Reduced	\$2.46		
Paid	\$0.27		
Supplement			
Free	\$0.78		
Reduced	\$0.39		
Paid	\$0.07		
National School Lunch Program Rates			
Breakfast			
Free	\$1.85		
Reduced	\$1.55		
Paid	\$0.27		
Lunch			
Free	\$2.88		
Reduced	\$2.48		
Paid	\$0.29		
Supplement			
Free	\$0.78		
Reduced	\$0.39		
Paid	\$0.07		
Milk	\$0.19		
Summer Food Service Program			
Operating Cost			
Breakfast	\$1.80		
Lunch/Supper	\$3.14		
Supplement	\$0.73		
Administrative Costs - Rural/Self Prep			
Breakfast	\$0.18		
Lunch/Supper	\$0.33		
Supplement	\$0.09		
Administrative Costs - Vended/Urban			
Breakfast	\$0.14		
Lunch/Supper	\$0.27		
Supplement	\$0.07		

Locating an SNP Provider

SEARCH FOR NLSP FACILITIES IN YOUR AREA

Anyone may search the applications system for facilities in their area, no log in is required.

GO TO: <http://ngsnp.com/WelcomeSNPM.aspx>

Click on *******Parents - Locate a Special Nutrition Provider Near You!!!*******

Northrop Grumman Knows Child Nutrition IT

Welcome to SNP On-Line. v3.24 (Aug. 13, 2012)

[Enter Claims](#)
[Discussion Forum](#)

[Home](#)
[Existing User Log-On](#)
[NSLP](#)
[Centers](#)
[CACFP Homes](#)
[Summer Food](#)
[Rates Poverty Levels](#)
[USDA Web Site](#)
[USDA NSLP Site](#)
[School Nutrition Assoc.](#)
[USDA CACFP Site](#)
[USDA SFSP Site](#)
[Resource Library](#)
[Privacy Statement](#)
[AR DHS Home Page](#)



Facility search by zipcode

Program: Summer Food Service Program

Zip code:

Miles:

Facilities Report by County

Program: Summer Food Service Program

County: **ALL**

Facility search by County

Program: Summer Food Service Program

Select County: **ALL**

Facility search by Address

Program: Summer Food Service Program

Address:

City:

State:

Miles:

Users may search by Zip code, County, or by a specific address.

The map will be updated with the location of all facilities meeting the criteria entered.

For example, the map below shows all Summer Food Service Program locations within 10 miles of Zip Code 72223.



Facilities found : **19** Facilities serving Breakfast : **13** Facilities serving Lunch : **13** Facilities serving AM Snack: **1**
 Facilities serving PM Snack : **0** Facilities serving Supper : **1** Facilities serving Late Snack : **0**

*This map shows SFSP Feeding sites from both the State Department of Human Services and the State Department of Education.

Once the map is populated, clicking on a map point will display the facility's name, address, phone number, Days of Operation, Meals Served and a links for mapping directions to and from the facility.

Users may also create a report, listing all facilities by County

Just Below “Facilities Report by County”, select the Program and County, click on Execute Search. A .pdf file will be created.

NOTE: running this report does not update the map.

**State Department of Human Services
Division of Child Care and Early Childhood Education
Special Nutrition Program
Summer Food Service Feeding Sites by County**

County: JOHNSON

Youth Center – 123 Main, Jackson, MS 74444 (555) 555-5554

Youth Ministries – 105 N. Oak, Jackson, MS 74444 (555) 555-5555

Turning Point – 405 E. Michigan Rd, Jackson, MS, 7444 (555) 555-5556