



CNPWeb User Request Form

Complete this form to add, modify or delete a user in CNPWeb. Submit this form as often as changes occur to reflect only those currently approved to enter data and/or approve claims. This form must be signed by the Sponsor's Executive Contact. This is the person with the legal authority to sign documents on behalf of the sponsor. Email the completed form to child.nutrition@maine.gov.



The Sponsor Application in CNPWeb must be updated accordingly, please update the Sponsor information Sheet.

Sponsor/LEA Name as it appears in CNPweb:					
Name:		New User	Modify User	Inactivate User	
Title:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Email:			Phone:		
COMPLETE THIS SECTION TO ADD/MODIFY A USER:					
User Group Column		Program Columns -Select box for which access is requested			
User Group: select <u>one</u> from this column 	Scroll across to select programs district participates in 	SNP School Nutrition Program	FDP Food Distribution Program	SFSP Summer Food Service Program	CACFP At Risk After School Program
Sponsor Admin Annual Application Packet; Monthly Claim for Reimbursement; SNP October Survey; SNP Verification; SNP Fresh Fruit & Vegetable Application (if applicable).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDP (USDA Foods) Application & Orders		N/A	<input type="checkbox"/>	N/A	N/A
Claim Approver Approves the Monthly Claim for Reimbursement. Cannot enter or edit information.		<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Verification Only Only has access to the SNP Verification module to enter & edit verification information.		<input type="checkbox"/>	N/A	N/A	N/A
View Only Can view information but not edit or delete		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As the Executive Contact for the above named organization, I am requesting the changes listed on this form.					
Signature of Executive Contact – Legal Agent (Superintendent/Head of School/Director):					
Print Name of Executive Contact – Legal Agent (Superintendent/Head of School/Director):					
Title:			Date:		
The Sponsor Application in CNPWeb must be updated accordingly, please update the Sponsor Information Sheet.					

State Use Only: Date Received From Sponsor: _____

Date State Completed: _____ Change Complete: Initials: _____