CNPweb User Access Form

Complete this form to add, modify, delete or reactivate 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 Sponsors Legal Agent. 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**	**Reactivate User**
Title:	❑	❑	❑	❑
Email:		**Phone:**		

COMPLETE THIS SECTION TO ADD/MODIFY/INACTIVATE/REACTIVATE A USER

User Group Column	**Select the box for which access is requested**			
Read each description and Select ONE from this column ↓ **Scroll across to select programs the 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)	❑	❑	❑	❑
FDP (USDA Foods) Application & Orders	N/A	❑	N/A	N/A
Claim Approver Approves the Monthly Claim for Reimbursement. Cannot enter or edit information	❑	N/A	❑	❑
Verification Only Only has access to the SNP Verification module to enter & edit verification information.	❑	N/A	N/A	N/A
View Only Can view information but not edit or delete	❑	❑	❑	❑

As the Legal Agent for the above named organization, I am requesting the changes listed on this form.

Signature of Legal Agent (Superintendent/Head of School):	
Print Name of Legal Agent (Superintendent/Head of School):	
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: _____ Initials: _____

State Signature (If needed): _____ Date: _____

8/11/26