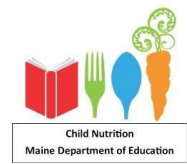




CNPweb User Access Form



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 <u>ONE</u> 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
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
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 <u>must</u> 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