Attachment 33

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office for Prekindergarten through Grade 12 Education
Child Nutrition Program Administration-Summer Food Service Program
89 Washington Avenue, EBA Room 375, Albany, NY 12234
(518) 474-1086 Fax (518) 474-9920
www.nysed.gov/cn/cnms.htm

Child Nutrition Management System
SFA/SFSP Sponsor Administrator Password Application

Please check program(s) for which you are requesting a password:

SFA ☐ SFSP ☐ NEW ☐ REPLACEMENT ☐ **

****If replacement application, please specify name of current administrator to be deleted._____**

Instructions

- The Child Nutrition Management System (CNMS) is a Web-based system that will enable SFAs (School Food Authorities)/SFSP (Summer Food Service Program) sponsors to update program information and submit claims on-line. This application is used to acquire a user name and password for accessing CNMS.
- Each SFA/SFSP sponsor will be assigned an administrator role who may go on-line and establish additional SFA/SFSP sponsor users or management company users. SFA/SFSP Sponsor users can update program detail, prepare and submit claims on-line. Management company users can view program detail and prepare claims on-line, which may then be submitted on-line by an SFA/SFSP sponsor, administrator or user.
- The application may be submitted at any time to the Child Nutrition Program Administration Office. A user name and temporary password will be assigned and e-mailed to the user. The user must first log into CNMS using the temporary password, and will then be prompted to change their password. Please allow 2-3 days for processing the application, which may be faxed to the above number.
- **The certification below must be signed by the Chief School Officer. For public schools the application must be signed by the Superintendent, for non public schools the Principal and for Residential Child Care Institutions (RCCIs) by the Executive Director.**

SFA/SFSP SPONSOR _____ LEA Code | | | | | | | | | | | | |

First name _____ Middle initial_____ Last name _____
Telephone #: _____ E-mail address: _____

If applying for a password for Child Nutrition or SFSP have you been previously assigned a CNMS password?
Yes ____ No ____ If Yes, What is the User Name? _____

For security purposes, please answer **one** of the questions below**.** If you forget your assigned password, contact Child Nutrition Program Administration for assistance. You will be asked the security question to confirm your identity.

Mother's maiden name? _____ High school attended? _____
Birthplace? _____ Favorite breakfast food? _____

Certification

I hereby certify that the above applicant for CNMS access is authorized to update program information and submit Child Nutrition Program claims.

_____ _____ _____
Chief School Officer Title Date

PLEASE DO NOT WRITE BELOW THIS LINE - FOR SED USE ONLY

Application processed by: _____ Date _____

6/9/08