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

Office of P-20 Education Policy

Child Nutrition Program Administration

89 Washington Avenue, Room 375 EBA, Albany, NY 12234

(518) 473-8781 Fax (518) 473-0018

[http://www.cn.nysed.gov](http://www.cn.nysed.gov/)

# Child Nutrition Management System

**SFA/SFSP Sponsor Administrator Password Application & Security Agreement**

The completion and processing of this application will result in the creation of an Administrator role for School Food Authorities (SFAs) and Summer Food Service Program sponsors (Sponsors).

The administrator role has the ability to access the Child Nutrition Management System (CNMS), a Web-based system, that enables SFAs/Sponsors to create and manage additional users in CNMS, update program details, prepare and submit claims for reimbursement and complete the annual renewal and all required program reporting.

This application may be submitted at any time to the Child Nutrition Program Administration Office. Once the application has been approved, an email will be sent with instruction on how to access the system. *\*Please allow 5 days for application processing.*

## Administrator and User Roles

The administrator role can only be assigned to SFA/Sponsor Administrators or an administrator authorized by the SFA/Sponsor. Each SFA/Sponsor will only be assigned one administrator role. The administrator can log into CNMS and establish additional SFA/Sponsor user roles, if needed. User roles can only be assigned to SFA/Sponsor employees or an administrator authorized by the SFA/Sponsor. Administrators are responsible for all activities conducted by the assigned users.

Available user roles and duties:

* School Food Authority User/SFSP User: Update program details, prepare and submit claims for reimbursement, complete annual renewal and all required program reporting. This role can only be assigned to SFA/Sponsor employees.
* School Food Authority View/SFSP View: View only role- cannot submit or update information.
* Management Company/SFSP Management Company: View program details, prepare claims for reimbursement but not authorized to submit claims.

## Required Information

Please check the type(s) for which you are requesting a username and password:

SFA SFSP Sponsor SFA & SFSP Sponsor Replacement**\***

## \*If replacement, please specify name of current administrator to be inactivated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| SFA/Sponsor Name: |  |
| SFA/Sponsor BEDS/LEA Code: |  |
| Name (First, Middle Initial, Last) of Authorized Administrator: |  |
| Telephone Number: |  |
| E-Mail Address: |  |
| Security Questions (please pick one and provide the answer): | * Name of First Pet:
* Make of First Car:
* Favorite Breakfast Food:
 |

**Security Agreement**

The certification below must be signed by the Chief School Officer. For public schools this application must be signed by the Superintendent, for non-public schools the Principal, and for Residential Child Care Institutions (RCCIs) by the Executive Director. For SFSP Sponsors that are not schools, this application must be signed by the person in the organization with the most legal authority.

The signature below certifies that the SFA/Sponsor agrees to the following security terms:

* Administrators/Users will not use any provided technology to engage in activity that violates local, state or federal law or policy.
* Administrators/Users will not share CNMS user names and passwords. Sharing of user names and passwords with other individuals will make the Administrator liable for their activities within CNMS.
* Administrators/Users and their activities may be monitored. Activity relating to or in support of illegal activities may be reported to law enforcement or supervising personnel and could result in the loss of privileges and/or prosecution under applicable criminal law.
* Administrators are responsible to maintain current users in CNMS and are responsible for all activities conducted by the assigned users.
* Administrators will contact the Child Nutrition Program Administration immediately if they are no longer responsible to conduct business on behalf of the SFA/Sponsor.
* All information submitted on CNMS will be true and correct and records must be made available to support such data.

I hereby certify that I have read and agree to the above information:

Chief School Officer/SFSP Sponsor Authorized Official Title Date

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE DO NOT WRITE BELOW THIS LINE - FOR SED USE ONLY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Processed By: Date:

This institution is an equal opportunity provider.