

# *Nevada*

# *Department of Education*



**Office of Child Nutrition  
and School Health**  

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NEVADA DEPARTMENT OF EDUCATION

## **Child Nutrition Program**

## **CNP System**

# *CNP – What is it?*

- The Nevada CNP system was adapted from the Washington State CNP system
- Web-Based application and payment processing
- Available for use with the National School Lunch Program, School Breakfast Program, Special Milk Program, and Fresh Fruits and Vegetable Program

# *The Basics*



- Sponsors apply to participate in NSLP, SBP, and SMP using the CNP system with the exception of FFVP
- Sponsors also use CNP to submit claims for reimbursement  
⚡ Electronically!

# *How Do I Begin?*

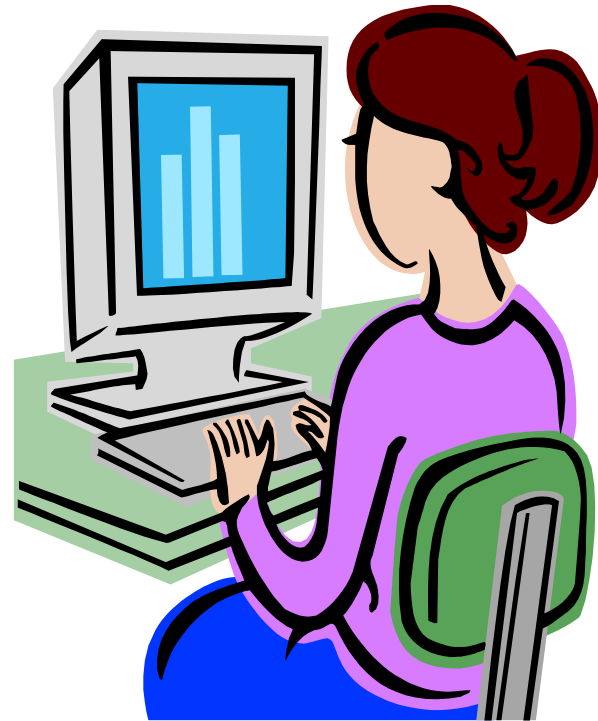
- Go to the CNP Website:

<http://nvcnp.doe.nv.gov>



# *Logging In*

- Click on “Log In”
- Type your User Name and Password and click on <Login>



# Once Logged in...

The screenshot shows a web browser window displaying the National School Lunch Program (NSLP) web application. The browser's address bar shows the URL <http://nvcnp.doe.nv.gov/Se...>. The page header is green and contains the text "State of Nevada Department of Education National School Lunch Program" and navigation links for "Program Home", "Programs", and "Exit". A left sidebar lists menu items: Applications, Accounting, Rates, Claims, and Maintenance. The main content area features a large circular graphic with a fruit salad background, containing the text "CNP National School Lunch Program". The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft Outlook, Microsoft PowerPoint - [Cl..., CNP SOFTWARE (NEW), CNP Instructions for Filing...), and the system tray with the time 10:13 AM.

# *What now?*

- Sponsors will be able to:
  - Complete and View Yearly Individual Sponsor and Site Application(s)
  - Perform Verification
  - View Rate Information
  - Enter Monthly Site Claim(s)
  - Enter a Consolidated Monthly Claim
  - Change Password

# *Applications*

- Click on Applications on the Left Menu
- You will have the option to choose:
  - Sponsor Application
  - Sponsor Information
  - View Application
- Sponsors must complete the process in order:
  - **Sponsor Application** – one application per sponsor
  - **Site Application(s)** – each site must have a site application
  - **Food Service Management Company Fact Sheet** (if applicable)



# *Sponsor Application*

- Choose > Applications
- Choose > Sponsor Application
- Select the appropriate school year
- Choose > Select
- Choose > New
- Enter Demographic and Program Information
- Choose > Submit








# Site Application(s)

- Choose > Applications
- Choose > Sponsor Application
- Select the appropriate school year
- Choose > Select
- Choose > Site Information


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Program Home Programs

### Sponsor Information

Sponsor		
Sponsor Name	Agreement Number	School Year
NEVADA DEPARTMENT OF CORRECTIONS	R-1430-09	2008 - 2009
Application Packet		
 Sponsor Application	Approved Date: 08/26/2008	No Errors
 Site Information		1 Approved Site(s)
 Food Service Management Company Contract Fact Sheet		
 Child Nutrition Financial Report		
 Form Download		
 Transaction History Report		
 Verification		No Errors

Cancel



# *Site Application(s) continued*

- Choose > Add Site
- Choose > **Click here to enroll xxxx in the NSLP Program**
- Enter Site Demographic Information as indicated (Some repetitive data self populates the Site Application from the Sponsor Application)
- Choose > Submit

# *Food Service Management Company Fact Sheet*

- If you use a Food Service Management Company in your program, you must complete the fact sheet before proceeding
  - Choose > Applications
  - Choose > Sponsor Application
  - Select the appropriate school year
  - Choose > Select

# *Food Service Management Co. Fact Sheet continued*

- Choose > Food Service Management Company Fact Sheet

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National School Lunch Program

Program Home Programs

### Sponsor Information

Sponsor		
Sponsor Name	Agreement Number	School Year
NEVADA DEPARTMENT OF CORRECTIONS	R-1430-09	2008 - 2009
Application Packet		
GO!	Application	Approved Date: 06/26/2008
GO!	Site Information	1 Approved Site(s)
GO!	Food Service Management Company Contract Fact Sheet	
GO!	Child Nutrition Financial Report	
GO!	Form Download	
GO!	Transaction History Report	
GO!	Verification	No Errors

Cancel

- Enter Site Demographic Information as indicated
- Choose > Submit

# *Claims for Reimbursement*

- The new system requires sponsors to submit each month's meal counts on a separate claim.
- This complies with the State of Nevada's accounting requirements to separate payments between fiscal years
- June 30 marks the end of one year and July 1 the beginning of the next

# *Claims*

- Sponsors will be able to access:
  - Claim Entry
  - Claim Inquiry
  - Payment Summary



# *Why 2 Different Claims?*

- One Monthly Site Claim for each **site**
- One Monthly Consolidated Claim for each **sponsor**





# *Monthly Site Claim*

- Many of you are already familiar with the Monthly Site Claim
- August 1, 2008, we began using a paper version of this form to get Sponsors used to the look and feel of our new system
- This claim form contains individual site information
- A Monthly Site Claim must be submitted for each site

# *Consolidated Monthly Claim*

- One Consolidated Monthly Claim form per sponsor
- The Consolidated Monthly Claim form combines all the information that was input in the Monthly Site Claims
- The data in the Consolidated Monthly Claim will populate automatically
- The sponsor needs only to verify the information and submit the Consolidated Monthly Claim

# How to Enter a Claim

- The first step is to enter a Monthly Site Claim
- Choose > Claims
- Choose > Claim Entry
- Click on the Month for the claim that you want to enter (See Red Circle Below)

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National School Lunch Program

Program Home Programs Exit

### School Lunch Claim(s)

Sponsor Information						
Sponsor Name				Agreement Number		
Nevada Sponsor				1111111		
Select a Claim Month						
School Year: 2008 - 2009						
Site Claim Month	Consolidated Claim Month	Revision Number	Claim Status	Month to Date		
				Earned Amount	Amount Paid	
<a href="#">7/1/2008</a>	<a href="#">7/1/2008</a>					
<a href="#">8/1/2008</a>	<a href="#">8/1/2008</a>					
<a href="#">9/1/2008</a>	<a href="#">9/1/2008</a>					
<a href="#">10/1/2008</a>	<a href="#">10/1/2008</a>					
<a href="#">11/1/2008</a>	<a href="#">11/1/2008</a>					
<a href="#">12/1/2008</a>	<a href="#">12/1/2008</a>					
<a href="#">1/1/2009</a>	<a href="#">1/1/2009</a>					
<a href="#">2/1/2009</a>	<a href="#">2/1/2009</a>					
<a href="#">3/1/2009</a>	<a href="#">3/1/2009</a>					
<a href="#">4/1/2009</a>	<a href="#">4/1/2009</a>					
<a href="#">5/1/2009</a>	<a href="#">5/1/2009</a>					
<a href="#">6/1/2009</a>	<a href="#">6/1/2009</a>					
Year-to-Date Totals						

< Back Cancel

# Select Site

- Select the site you want to enter the claim for

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Program Home Programs Exit

### Select Site for Monthly Claim

Sponsor					
Sponsor Name	Agreement Number	School Year			
NEVADA DEPARTMENT OF CORRECTIONS	R-1430-09	2008 - 2009			
Site(s)					
Site	Submitted	Claim Date	Revision	Site Status	Site Approved
<a href="#">High Desert Correctional Center</a>	2	08/18/2008		Active	07/08/2008

< Back to Claim Month List

# Fill in the Data

- This screen is the same format of the paper claim you have been using since August 2008
- Fill in the fields just like you did the paper claim

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[Program Home](#)   [Programs](#)   [Exit](#)

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Nevada Department of Education  
 Child Nutrition Program  
 (775) 687-9144

### Monthly Site Claim for Reimbursement

National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form			
Sponsor Name	Site Name	Agreement Number	Month Claimed
Nevada Sponsor	Nevada Sponsor Site	1111111	7/1/2008

Submission Type:	Sponsor Claim	Received Date:	9/9/2008
Authorized Signature:	<input type="text"/>		

Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reduced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Eligible Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

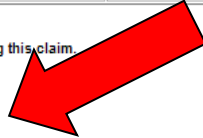
- Applications
- Verification
- Rates
- Claims
- Claim Entry
- Claim Inquiry
- Payment Summary
- Maintenance

# *Submit the Site Claim*

- Click Submit at the bottom of the screen to submit the Monthly Site Claim  
(See Red Arrow Below)

Adult Meals (earned and paid)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Revenue Dollars (include a la carte and separate milk sales)	\$ <input type="text"/>		
<b>Special Milk Program</b>			
Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)	<input type="text"/>	Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility	<input type="text"/>
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above)	<input type="text"/>		
<p>I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7 CFR 210.8 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply.</p> <p>I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substantiate this claim.</p> <p style="text-align: center;">I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.</p>			
Created By: mkiehne2	Created Date: 9/9/2008 3:28:08 PM	Modified By:	Modified Date:

**Note: Please review this information before submitting this claim.**  
Click the Submit button to enter this claim.



# Enter a Consolidated Monthly Claim

- After all the Monthly Site Claims have been entered, you need to submit a Consolidated Monthly Claim
- Click on Input Another Claim (See Red Arrow Below)

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National School Lunch Program

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Program Home Programs Exit

### School Lunch Site Claim Form

Claim Information				
Sponsor Name	Agreement Number	Claim Date	Revision No.	Reference No.
Nevada Sponsor	11111111	7/1/2008	0	0

Claim Errors
There were no errors on this claim

[Input Another Claim](#)



# Select Month

- Select the Consolidated Claim Month  
(See Red Circle Below)

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Program Home Programs Exit

### School Lunch Claim(s)

Sponsor Information						
Sponsor Name			Agreement Number			
Nevada Sponsor			1111111			
Select a Claim Month						
School Year: 2008 - 2009						
Site Claim Month	Consolidated Claim Month	Revision Number	Claim Status	Month to Date		
				Earned Amount	Amount Paid	
<a href="#">7/1/2008</a>	<a href="#">7/1/2008</a>					
<a href="#">8/1/2008</a>	<a href="#">8/1/2008</a>					
<a href="#">9/1/2008</a>	<a href="#">9/1/2008</a>					
<a href="#">10/1/2008</a>	<a href="#">10/1/2008</a>					
<a href="#">11/1/2008</a>	<a href="#">11/1/2008</a>					
<a href="#">12/1/2008</a>	<a href="#">12/1/2008</a>					
<a href="#">1/1/2009</a>	<a href="#">1/1/2009</a>					
<a href="#">2/1/2009</a>	<a href="#">2/1/2009</a>					
<a href="#">3/1/2009</a>	<a href="#">3/1/2009</a>					
<a href="#">4/1/2009</a>	<a href="#">4/1/2009</a>					
<a href="#">5/1/2009</a>	<a href="#">5/1/2009</a>					
<a href="#">6/1/2009</a>	<a href="#">6/1/2009</a>					
Year-to-Date Totals						

< Back Cancel



# Next...

- Click on Add Claim  
(See Red Arrow Below)

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National School Lunch Program

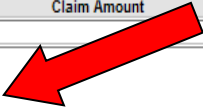
Program Home Programs Exit

### School Lunch Claim(s)

Monthly Claim Form			
Sponsor Name	Agreement Number	Month Claimed	School Year
Nevada Sponsor	1111111	7/1/2008	2008 - 2009


Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action
No claims for this sponsor					

< Back Add Claim



# Verify the Data

- The information on this screen automatically populates from the Monthly Site Claim(s)



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National School Lunch Program

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## Consolidated Monthly Claim Form for Reimbursement

National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form			
Sponsor Name	Agreement Number	Month Claimed	Revision No.
Nevada Sponsor	1111111	7/1/2008	0

Submission Type:	Sponsor Claim	Received Date:	9/9/2008
Authorized Signature:	<input style="width: 100%; height: 20px;" type="text"/>		

Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid	10	0	0	0		
Free	10	0	0	0	0	
Reduced	10	0	0	0		
<b>Totals</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>		

- Applications
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# Submit Claim

- Make sure to insert an Authorized Signature and confirm the data
- Choose > Submit

Other Revenue Dollars (include a la carte and separate milk sales)		\$ 0.0000	
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Special Milk Program			
Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)	0	Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility	0.0000
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above)	0		


I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7 CFR 210.8 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply.

I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substantiate this claim.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.

Created By:	Created Date:	Modified By:	Modified Date:
-------------	---------------	--------------	----------------

**Note: Please review this information before submitting this claim.**  
Click the Submit button to enter this claim.



# *OK, so what now?*



- Once submitted, the Claims processing is done according to the schedule from the Accounting Technician
- Batch One – approximately the 14<sup>th</sup> and 15<sup>th</sup> of each month
- Batch Two – approximately the 24<sup>th</sup> and 25<sup>th</sup> of each month

# *What Else Can CNP Do?*



- View Completed Applications and Claims
- Download Program Forms
- Link Sponsors to the Verification System
- Access Rate Information

# Verification

- This link will take you to the Verification Website
- Each sponsor should set up 2 users for this site
- Contact your assigned consultant if you have questions

State of Nevada Department of Education  
National School Lunch Program

Program Home Programs

Department of Education  
**Child Nutrition & School Health**  
well nourished and healthy = ready to learn

Wednesday, April 15, 2009

**School Food Authority Verification Summary**

User Id:

Password:

Please enter this code: 8932F

[Forgot your User Id?](#)  
[Forgot your password?](#)

# Rates

- This link provides current year rates

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Program Home Programs Exit

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### NSLP Rate Information

Rate Period		
Program Year:	Begin Date:	End Date:
2009	07/01/2008	06/30/2009

Federal Reimbursement Rates							
Description	High Lunch	Low Lunch	Severe Need Breakfast	Regular Breakfast	Special Milk	Area Eligible Snack	Regular Snack
Paid	0.2600	0.2400	0.2500	0.2500	0.1825		0.0800
Free	2.5900	2.5700	1.6800	1.4000		0.7100	0.7100
Reduced	2.1900	2.1700	1.3800	1.1000			0.3500

State Reimbursement Rates	
Description	Rate
Lunch	0.0000
Breakfast	0.0000
Additional amount for Lunch if breakfast participation >20%	0.0000
Additional amount for Lunch if breakfast participation <= 20%	0.0000

< Back Cancel

# *Important Telephone Numbers*

## Help Desks

North

**(775) 687-9144**

South

**702-486-6472 ext. 1**



Accounting Technician

**(775) 687-9176**



*Questions?*

