

OSPI CNS Food Distribution Sponsor Application Instructions

School Year 2023-24

Sponsors are required to review the Sponsor Application Sheet information, make any corrections, and submit the application. OSPI must review and approve each application prior to Sponsors placing USDA Food orders.

The Sponsor Application Sheets are due on or before June 13, 2023.

The Sponsor Application Sheet is located in CNPweb:

- ✓ We recommend you save this link as one of your favorites: [cnpwebsite](#)
- ✓ Login ID and password are the same
- ✓ For assistance, contact Erica Olivera, erica.olivera@k12.wa.us or 360-725-6204.

Notify us if there are any changes to the delivery location or delivery contact person. Throughout the year as changes occur, please keep your application up to date. This information is used for notification of any holds and/or recalls of USDA foods and messages from OSPI.

Review the Message Board screen, and then click Continue, which is available either at the top or bottom of the page.

Steps to Complete the Application

- ✓ Log into [CNPWeb](#)
- ✓ Select Program Year **2024**

Program Year Selection		
Program Year	Program Begin Date	Program End Date
2009	July 1, 2008	June 30, 2009
2010	July 1, 2009	June 30, 2010
2011	July 1, 2010	June 30, 2011
2012	July 1, 2011	June 30, 2012
2013	July 1, 2012	June 30, 2013
2014	July 1, 2013	June 30, 2014
2015	July 1, 2014	June 30, 2015
2016	July 1, 2015	June 30, 2016
2017	July 1, 2016	June 30, 2017
2018	July 1, 2017	June 30, 2018
2019	July 1, 2018	June 30, 2019
2020	July 1, 2019	June 30, 2020
2021	July 1, 2020	June 30, 2021
2022	July 1, 2021	June 30, 2022
2023	July 1, 2022	June 30, 2023
2024	July 1, 2023	June 30, 2024



The **Sponsor Summary** screen opens for the selected Fiscal Year.

- ✓ Information and functions display in Tabs.
- ✓ You may review the information on all the Tabs.

On the **Applications Tab**, select **Edit** in the Action column to begin the application review:

↓ Bottom of Form

Sponsor Summary **School District**

Applications
Entitlement
Surveys
Allocations
Inventory
Orders
Invoicing

Sponsor Application Sheets

Number	Name	Revision	Status	Approval Date	Action
	School District	0	Uncertified		View Edit

Delivery Location Information Sheets

Number	Name	Revision	Status	Approval Date	Action
	School District	0	Uncertified		

↑ Top of Form



Review the information on the screen, and **enter all corrections needed**. Make sure email and phone numbers are current. Program, Billing, and Ordering Contacts are required. The Alternate Contact is optional; however, it is highly recommended.

FDP Superintendent of Public Instruction

Sponsor Application Sheet

Program Year
NSLP Program
New Application

↓ Bottom of Form

Program Contact			Alternate Contact		
(1) Name:	<input type="text"/> First <input type="text"/> MI <input type="text"/> Last	(8) Name:	<input type="text"/> First <input type="text"/> MI <input type="text"/> Last		
(2) Title:	<input type="text"/>	(9) Title:	<input type="text"/>		
(3) Email:	<input type="text"/>				
(4) Phone:	<input type="text"/>	(5) Ext.:	<input type="text"/>	(10) Email:	<input type="text"/>
(6) Fax:	<input type="text"/>	(7) Ext.:	<input type="text"/>	(11) Phone:	<input type="text"/>
				(12) Ext.:	<input type="text"/>
				(13) Fax:	<input type="text"/>
				(14) Ext.:	<input type="text"/>

Billing Contact			Ordering Contact		
(15) Name:	<input type="text"/> First <input type="text"/> MI <input type="text"/> Last	(22) Name:	<input type="text"/> First <input type="text"/> MI <input type="text"/> Last		
(16) Title:	<input type="text"/>	(23) Title:	<input type="text"/>		
(17) Email:	<input type="text"/>				
(18) Phone:	<input type="text"/>	(19) Ext.:	<input type="text"/>	(24) Email:	<input type="text"/>
(20) Fax:	<input type="text"/>	(21) Ext.:	<input type="text"/>	(25) Phone:	<input type="text"/>
				(26) Ext.:	<input type="text"/>
				(27) Fax:	<input type="text"/>
				(28) Ext.:	<input type="text"/>

Mailing Address, Street Address and Billing Address are **required**.

Mailing Address		Street Address (Do Not Use PO Box)	
(29) Addr:	<input type="text"/>	(34) Addr:	<input type="text"/>
(30) Addr:	<input type="text"/>	(35) Addr:	<input type="text"/>
(31) City:	<input type="text"/>	(36) City:	<input type="text"/>
(32) State:	WA <input type="button" value="v"/>	(37) State:	WA <input type="button" value="v"/>
(33) Zip Code:	<input type="text"/>	(38) Zip Code:	<input type="text"/>
Billing Address			
(39) Addr:	<input type="text"/>		
(40) Addr:	<input type="text"/>		
(41) City:	<input type="text"/>		
(42) State:	WA <input type="button" value="v"/>	(43) Zip Code:	<input type="text"/>

Comments including contact names and cell phone numbers may be entered as an option.

Remember to check box number 45; OSPI cannot approve the application without this certification.

Comments

(44) Comments:

Contact name, cell phone number and comments may be entered here as an option.

Certification

(45) I certify the information on this form is correct.

This statement must be checked to complete the application. OSPI cannot approve without this certification.

Created by: _____ Date Created: _____ Modified by: _____ Date Modified: _____

[↑ Top of Form](#)

Click submit to save the application.

Error messages will display and prompt for missing information.

- ✓ The error message example below tells us that field number 1-4 is incorrect.
- ✓ The field number is highlighted in red to identify something is missing or incorrect.

Validation Errors			
Information entered did not pass all of the validation rules associated with this form. Please review the following messages for detailed information concerning the error and its severity. Messages with a severity of "1" must be corrected before this form can be processed. A severity of "2" indicates some information may be missing or incomplete but the form can be processed as-is.			
Validation Errors - Section 1			
Field No.	Severity	Description	
1	1	First and last name is required for FDP Contact.	
3	1	Email Address is required for the FDP Contact	
4	1	Phone number is required for FDP Contact.	
6	1	Fax Number is required for the FDP Contact	
Program Contact		Alternate Contact	
(1) Name:	<input type="text"/>	(8) Name:	<input type="text"/>
(2) Title:	<input type="text"/>	(9) Title:	<input type="text"/>
(3) Email:	<input type="text"/>	(10) Email:	<input type="text"/>
(4) Phone:	<input type="text"/>	(11) Phone:	<input type="text"/>
(5) Ext.:	<input type="text"/>	(12) Ext.:	<input type="text"/>
(6) Fax:	<input type="text"/>	(13) Fax:	<input type="text"/>
(7) Ext.:	<input type="text"/>	(14) Ext.:	<input type="text"/>

Click **Submit** to save the application.