RI DEPARTMENT OF EDUCATION Child Nutrition Programs

Delegation of Authority Form - Level 1 Authorized User (Sponsor Administrator)

Authority to approve and submit data/information through CNP Connect.

This form must be completed by any individual who will approve and submit meals claims and other documents through CNP Connect. This form must be approved by a Level 1 Authorized User. In the event there is no existing Level 1 Authorized User, a Superintendent (school districts) or Director (other organizations) must first complete this form for his/herself. The completed form must be mailed to the address listed below.

	ed User, a Superintendent (school districts /herself. The completed form must be ma	•	- ·	st complete	
Please retain a d	copy for your records.				
Program: Please check all that apply.	□ NSLP (National School Lunch Program)	☐ CACFP (☐ CACFP (Child and Adult Care Food Program)		
	□ SFSP (Summer Food Service Program)	☐ SMP (Sp	☐ SMP (Special Milk Program)		
Please complete	e (TYPE or PRINT):				
Sponsor Name:			Sponsor #		
Last Name	First Name	 M.I.	Title		
Address					
Email Address			Telephone I	Telephone Number/ext.	
website is equivaler of my knowledge, tl individually assigne information, I unde	CERTIFIC se of the username and password to access the Rh nt to an original signature for purposes of official d he transmitted information is complete and accura d and are not intended to be shared. If another us rstand that I may be held responsible for the conte been compromised, I will notify the RIDE - Child N	ocumentation. By using the Tomaintain the intoing are accesses the systement of the information to the systement of the information to the information	g my username and passwor egrity of CNP Connect, the us under my user name and pa ransmitted to the RIDE. If I b	rd, I certify that, to the best ser name and password are assword and provides false believe that my user name	
Signatu	re of NEW Level 1 User	Authorized By Must be current		Date	
RETURN COMPLETED FORM TO:		Authorized By (PRINT) Must be current Level 1 user			

Child Nutrition Programs, Office of Statewide Efficiencies RI Department of Education, 6th Floor 255 Westminster Street Providence, RI 02903 Fax to 401-222-6163