ADAM H. PUTNAM
COMMISSIONER

Florida Department Of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

FLORIDA CHILD NUTRITION PROGRAM
USER AUTHORIZATION FORM

Sponsor Name/Agency: _____

Phone Number: _____

Please **type or print clearly** the names of **employees/administrators** authorized to electronically view and/or submit Applications or Monthly Claims for Reimbursement associated with participation in the federal Child Nutrition Programs for the current fiscal year. **Please note that Food Service Management Company employees are not permitted access to the CNP Florida system.** If you have a contract with a FSMC, please list the company name: _____

ACCESS REQUESTS	APPLICATION ACCESS	CLAIM ACCESS	VIEW ONLY ACCESS	DATE ID SHOULD EXPIRE
Staff Member	Access is granted per program and not per agreement number 01=NSLP,02=SMP,04=SFSP/SSP		View ONLY for ALL sponsor data	Enter only if applicable
Name: ***E-Mail:***				
Name: ***E-Mail:***				
Name: ***E-Mail:***				
Name: ***E-Mail:***				
Name: ***E-Mail:***				

REMOVAL REQUESTS	REASON (if applicable)
NAME:	

I hereby authorize the above users to access information on behalf of the sponsor noted above. I certify that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with receipt of federal funds; Department officials may, for cause, verify information; and deliberate misrepresentation will subject me to prosecution under applicable federal and state criminal statutes. The SFA hereby agrees to comply with all state and federal laws and regulations governing Child Nutrition Programs. The person signing below will ensure that all monthly claims for reimbursement represent meals/milk served by category and that records are available to support these claims.

_____ _____
Type/Print Name of Authorized Party or Delegate — Title of Authorized Party or Delegate

_____ _____
Signature of Authorized Party or Delegate — Date Signed

Remit this form to your Program Specialist _____ via Fax (850) 617-7404
(Please list recipient name above)

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