

# Sponsor Application Instructions

## School Year 2025–26

Sponsors are required to review the Sponsor Application Sheet information, make any corrections, and submit the application. The Office of Superintendent of Public Instruction (OSPI) must review and approve each application prior to Sponsors placing United States Department of Agriculture (USDA) Food orders.

The Sponsor Application Sheets are due on or before June 13, 2025.

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, email the [Food Distribution inbox](#).

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 2026

| Program Year Selection |                    |                  |
|------------------------|--------------------|------------------|
| Program Year           | Program Begin Date | Program End Date |
| <a href="#">2009</a>   | July 1, 2008       | June 30, 2009    |
| <a href="#">2010</a>   | July 1, 2009       | June 30, 2010    |
| <a href="#">2011</a>   | July 1, 2010       | June 30, 2011    |
| <a href="#">2012</a>   | July 1, 2011       | June 30, 2012    |
| <a href="#">2013</a>   | July 1, 2012       | June 30, 2013    |
| <a href="#">2014</a>   | July 1, 2013       | June 30, 2014    |
| <a href="#">2015</a>   | July 1, 2014       | June 30, 2015    |
| <a href="#">2016</a>   | July 1, 2015       | June 30, 2016    |
| <a href="#">2017</a>   | July 1, 2016       | June 30, 2017    |
| <a href="#">2018</a>   | July 1, 2017       | June 30, 2018    |
| <a href="#">2019</a>   | July 1, 2018       | June 30, 2019    |
| <a href="#">2020</a>   | July 1, 2019       | June 30, 2020    |
| <a href="#">2021</a>   | July 1, 2020       | June 30, 2021    |
| <a href="#">2022</a>   | July 1, 2021       | June 30, 2022    |
| <a href="#">2023</a>   | July 1, 2022       | June 30, 2023    |
| <a href="#">2024</a>   | July 1, 2023       | June 30, 2024    |
| <a href="#">2025</a>   | July 1, 2024       | June 30, 2025    |
| <a href="#">2026</a>   | July 1, 2025       | June 30, 2026    |



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 |
|---|-----------------|----------|-------------|---------------|---|-----------|
| <b>Sponsor Application Sheets</b>           |                 |          |             |               |   |           |
| Number                                      | Name            | Revision | Status      | Approval Date | Action                                    |           |
|   | School District | 0        | Uncertified |               | <a href="#">View</a> <a href="#">Edit</a> |           |
| <b>Delivery Location Information Sheets</b> |                 |          |             |               |   |           |
| 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  
Program  
New Application

↓ Bottom of Form

| Program Contact |                      |                      |                      | Alternate Contact |                      |                      |                      |
|-----------------|----------------------|----------------------|----------------------|-------------------|----------------------|----------------------|----------------------|
|                 | First                | MI                   | Last                 |                   | First                | MI                   | Last                 |
| (1) Name:       | <input type="text"/> | <input type="text"/> | <input type="text"/> | (8) Name:         | <input type="text"/> | <input type="text"/> | <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"/> | (5) Ext.:            | <input type="text"/> | (11) Phone:       | <input type="text"/> | (12) Ext.:           | <input type="text"/> |
| (6) Fax:        | <input type="text"/> | (7) Ext.:            | <input type="text"/> | (13) Fax:         | <input type="text"/> | (14) Ext.:           | <input type="text"/> |

| Billing Contact |                      |                      |                      | Ordering Contact |                      |                      |                      |
|-----------------|----------------------|----------------------|----------------------|------------------|----------------------|----------------------|----------------------|
|                 | First                | MI                   | Last                 |                  | First                | MI                   | Last                 |
| (15) Name:      | <input type="text"/> | <input type="text"/> | <input type="text"/> | (22) Name:       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (16) Title:     | <input type="text"/> |                      |                      | (23) Title:      | <input type="text"/> |                      |                      |
| (17) Email:     | <input type="text"/> |                      |                      | (24) Email:      | <input type="text"/> |                      |                      |
| (18) Phone:     | <input type="text"/> | (19) Ext.:           | <input type="text"/> | (25) Phone:      | <input type="text"/> | (26) Ext.:           | <input type="text"/> |
| (20) Fax:       | <input type="text"/> | (21) 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:     | <input type="text" value="WA"/> | (37) State:                        | <input type="text" value="WA"/> |
| (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:     | <input type="text" value="WA"/> |
| (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: | <input type="text"/> |

| Certification  |                          |
|--|--------------------------|
| (45) <input type="checkbox"/> I certify the information on this form is correct: | <input type="checkbox"/> |

| Created by:          | Date Created: | Modified by: | Date Modified: |
|----------------------|---------------|--------------|----------------|
| <input type="text"/> |               |              |                |

**Click Submit** to save the application. The system will then check for completeness and accuracy.

**Error messages** will display and prompt for missing information.

- The error message example below tells us that field number 1-6 is missing or incorrect.
- The field number is highlighted in red to identify something is missing or incorrect.
- Fix the missing or incorrect information as indicated.

| FDP  |          |  | Superintendent of Public Instruction |             |       |    |      |
|--|----------|--|--------------------------------------|-------------|-------|----|------|
| Sponsor Application Sheet  |          |  |                                      |             |       |    |      |
|  |          |  | Program Year                         |             |       |    |      |
|  |          |  | NSLP Program                         |             |       |    |      |
|  |          |  | Errors                               |             |       |    |      |
|  |          |  | Revision 0                           |             |       |    |      |
| ↓ Bottom of Form   |          |  |                                      |             |       |    |      |
| <b>Validation Errors</b>   |          |  |                                      |             |       |    |      |
| 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. |          |  |                                      |             |       |    |      |
| <b>Validation Errors - Section 1</b>   |          |  |                                      |             |       |    |      |
| 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       |                                      |             |       |    |      |
| <b>Program Contact</b>   |          |  | <b>Alternate Contact</b>             |             |       |    |      |
|  | First    | MI   | Last                                 |             | First | MI | Last |
| (1) Name:  |          |  |                                      | (8) Name:   |       |    |      |
| (2) Title:   |          |  |                                      | (9) Title:  |       |    |      |
| (3) Email:   |          |  |                                      | (10) Email: |       |    |      |
| (4) Phone:   |          |  |                                      | (11) Phone: |       |    |      |
| (6) Fax:   |          |  |                                      | (13) Fax:   |       |    |      |

**Click Submit** to save the application.