

Sponsor Application Instructions

School Year 2026–27

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 May 31, 2026.

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 2027

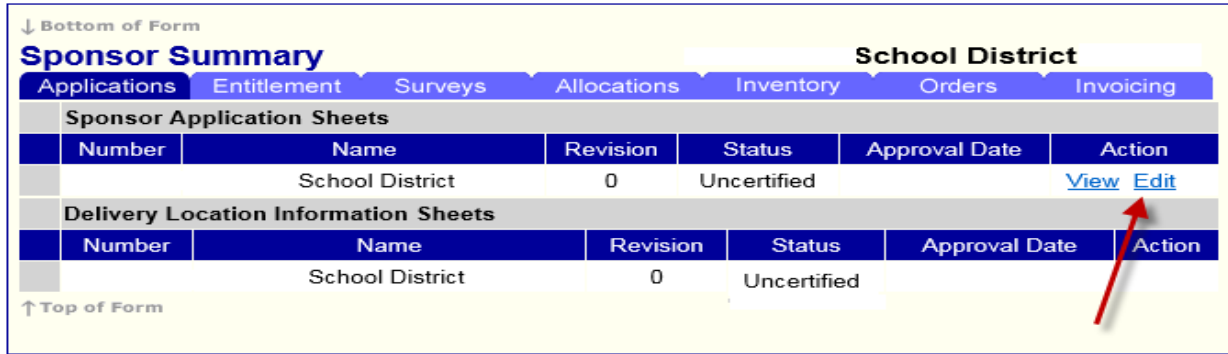
Program Year Selection		
Program Year	Program Begin Date	Program End Date
2009	July 1, 2008	June 30, 2009
2010	July 1, 2009	June 30, 2010
2011	July 1, 2010	June 30, 2011
2012	July 1, 2011	June 30, 2012
2013	July 1, 2012	June 30, 2013
2014	July 1, 2013	June 30, 2014
2015	July 1, 2014	June 30, 2015
2016	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
2025	July 1, 2024	June 30, 2025
2026	July 1, 2025	June 30, 2026
2027	July 1, 2026	June 30, 2027



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:



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:	
Created by:	Date Created:
Modified by:	Date Modified:
↑ Top of Form	
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

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							
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			
	First	MI	Last		First	MI	Last
(1) Name:				(8) Name:			
(2) Title:				(9) Title:			
(3) Email:				(10) Email:			
(4) Phone:				(11) Phone:			
		(5) Ext.:				(12) Ext.:	
(6) Fax:				(13) Fax:			
		(7) Ext.:				(14) Ext.:	

Click Submit to save the application.