

**FLORIDA DEPARTMENT OF EDUCATION  
SCHOOL BUSINESS SERVICES  
FOOD AND NUTRITION MANAGEMENT  
CNP Florida Signer/User Authorization Form**

Sponsor Name	County/District	E-mail Address	Telephone Number
<b>Food Service Management Company (FSMC):</b>		<b>Program Representative:</b>	

(Please note: Food Service Management Company (FSMC) employees are not permitted access to the CNP Florida system.)

Please **type or print** the names and titles of **employees/administrators** authorized to electronically submit Applications or Monthly Claims for Reimbursement associated with participation in the federal Child Nutrition Programs. If you have a contract with a FSMC, please list above.

Name and Title of Employee/Administrator <i>(Please Type or Print Clearly)</i>	Please list <b>ALL</b> Agreement Numbers	Security Action			Authorized to <b>DELETE</b> users from the system	Applications			Finance ESE003	Claims		
		Add	Modify	Suspend Access		NSLP	SFSP SSOP	SMP		NSLP	SFSP SSOP	SMP
Name:												
Title:												
E-Mail:												
Name:												
Title:												
E-Mail:												
Name:												
Title:												
E-Mail:												

*I hereby authorize the above users to submit information on behalf of the sponsor noted above. Information submitted is true and correct and provided in connection with the receipt of Federal funds.*

**DELETE USER** Access should be assigned very carefully. It is the responsibility of the Food Service Director or their Assigned Delegate.

\_\_\_\_\_  
Type or Print Name of Chief Administrative Officer

\_\_\_\_\_  
Title of Chief Administrative Officer

\_\_\_\_\_  
Signature of Chief Administrative Officer

\_\_\_\_\_  
Date Signed

**Fax AND Mail to: (850) 245-9276 or Florida Department of Education, Food and Nutrition Management, 325 W. Gaines Street, Suite 1024, Tallahassee, FL 32399-0400**