

Nutrition Services Computer Access Application and Agreement

This application and agreement requests the assignment of a User ID and Password to be used as an electronic signature by the person named as Authorized Representative/Responsible Individual on page 2 of this form for the specified Sponsor/System. The Authorized Representative/Responsible Individual is authorized to attest, by electronic signature, as to the accuracy of the data reported to the Nebraska Department of Education (NDE) Nutrition Services System until such time as NDE receives written notice to revoke the rights of access.

The Authorized Representative/Responsible Individual agrees that the use of the electronic signature (User ID and Password) attests to the accuracy of the data transmitted as an electronic version of each designated form. The Authorized Representative/Responsible Individual further agrees that the electronic signature (User ID and Password) is equivalent to, and has the full legal binding force of his/her written signature and is legally valid and enforceable.

The Authorized Representative/Responsible Individual also agrees to all terms of the pertinent application and agreement, related forms and claims and responsibility for the program(s) listed below which you are participating in. On page 2, item 15 of this form (NDE-01-033) mark the box of all the programs you are participating in. The Authorized Representative/Responsible Individual is legally and financially bound by all terms and conditions contained in such agreements.

- National School Lunch Program, School Breakfast Program and Special Milk Program: Program Application, Form NDE 01-014; Site Application, Form NDE 01-015; Claim, Form NDE 28-036; and the following as applicable: Annual Financial Statement, Form NDE 01-003 (for Non-Public Schools) Fruit/Vegetable Claim.
- Child and Adult Care Food Program: Application and Agreements, as applicable, NS-407-G, NS-304-H; Form NDE 01-017; Form NDE 01-018, Site Information Sheet; and the following, as applicable: Proprietary For Profit Statement, Form NDE 01-030; Pricing Program Policy Statement, Form NDE 01-036; Adult Center Attachment, Form NDE 01-026; Child Care Claim Form, NDE 28-017; Adult Care Claim, Form, NDE 28-018; Day Care Home Sponsor Claim, Form NDE 28-037.
- Summer Food Service Program: Sponsor Application, Form NDE 01-023; Site Application, Form NDE 01-022; Sponsor Budget, Form NDE 01-023; Claim, Form NDE 28-034.

The Authorized Representative/Responsible Individual will be responsible for the security and the integrity of the electronic signature (User ID and Password) as issued by Nutrition Services Senior IT Applications Developer. The Authorized Representative/Responsible Individual has a duty to exercise reasonable care to retain control of the electronic signature (User ID and Password) and prevent its disclosure to other persons. If more than one individual is responsible for entering data the Authorized Representative/Responsible Individual should assign employees rights to a User I.D. and Password. Instructions on how to do this can be found at <https://nutrition.education.ne.gov>

On the left side of the main page, before you log in, click on **Login/Password Manuals** to find instructions for your particular type of program. The Authorized Representative/Responsible Individual and any sub users who you assign will be liable for any misuse of the electronic signature (User ID and Password). The Authorized Representative/Responsible Individual and any sub users understands and agrees that by using the electronic signature (User ID and Password) he/she is signing and legally validating the electronic document.

NDE requires assurance that the Authorized Representative/Responsible Individual has permission of the System/Sponsor to enter into this agreement. The person who signs as the Board President/Owner/CEO provides this assurance. One of the following persons must complete items 9-14 on page 2 of this application and agreement:

- Schools: Board of Education President or Superintendent
- Non Profit Agencies: Board President or Chief Executive Officer (CEO)
- Privately Owned Centers: Owner

**Authorized Representative/Responsible Individual Must Match the Online Program Application
 (Signatures must be kept current)**

1. Print Name of Authorized Representative/Responsible Individual	2. Signature of Authorized Representative/Responsible Individual
3. Title of Authorized Representative/Responsible Individual	4. Date of Birth of Authorized Representative/Responsible Individual
5. Sponsor/System Name	6. Agreement Number
7. Email address	8. Telephone Number ()

Sponsor/System Approval	
9. Printed Name of Board President/Owner/CEO	10. Signature of Board President/Owner/CEO
11. Title of Board President/Owner/CEO	12. Date of Birth of Board President/Owner/CEO
13. Telephone Number ()	14. Date Signed

15. Check all Program agreements that apply <input type="checkbox"/> National School Lunch Program, School Breakfast Program and Special Milk Program <input type="checkbox"/> Child and Adult Care Food Program (Check One) ___ Child Care Center ___ Adult Care Center ___ Family Day Care Home Sponsor <input type="checkbox"/> Summer Food Service Program
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NDE USE ONLY

Request Granted

Request Denied

Effective Date _____

 Director, Nutrition Services

URL: <https://nutrition.education.ne.gov>

User ID _____

Revocation Date _____

An email with the subject line "Confirmation Email for UserID" will be sent to the email address listed in #7, please refer to the email for your first time log on to the CNP system. If this individual leaves the organization, a new form must be sent to NDE.