Summer Food Service Program

Authorized Representative/Responsible Individual Profile (Information must match online program application and signatures must be kept current)

(information must match online program application and 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 (assigned by NDE)		
7. Email address	8. Telephone Number ()		

Sponsor/System Approval for CNP System Access		
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		
National School Lunch Program, School Breakfast Program and Special Milk Program		
Child and Adult Care Food Program Check one: Child Care Center Adult Care	re Center Family Day Care Home Sponsor	

Please submit the completed form to Nutrition Services at nde.nsweb@nebraska.gov.

NDE USE ONLY		
□ Request Granted	□ Request Denied	
Effective Date		
URL: https://nutrition.education.ne.gov	Director, Nutrition Se	ervices
User ID R	evocation Date	
An email with the subject line <u>"Confirmation Email for Us</u> to the email for your first time log on to the CNP system sent to NDE.		
Additional programs requested after initial Computer Access in # Program National School Lunch Program, School Breakfast Program Child and Adult Care Food Program (Check One) Child Care Center Adult Care Center Summer Food Service Program		Effective Date Revocation Date