INSTRUCTIONS:

The *HCNP Systems Sponsor User Authorization Form* (*User Authorization Form*) communicates the formal request for access to HCNP Systems, and to request any changes in user access.

Each user of HCNP Systems must have a signed *User Authorization Form* on file with the Hawaii Child Nutrition Programs.  One *User Authorization Form* is required for each user.  At a minimum, Sponsors must have at least two users; one user to perform Sponsor administrative tasks, and one user to perform fiscal/claim related tasks.  Each form must be signed by the Sponsor's Authorized Representative/Executive Contact.  **The Authorized Representative/ Executive Contact is the person with the legal authority to sign official Sponsor documents.  This person is identified in the Sponsor Application in CNP*web*™** (*SNP: Field 24, CACFP: Field 13, SFSP: Field 13).*

To complete this form, type the required information into page three of the fillable PDF document. You may also print the PDF and complete the form.  **Section 2 (Certification) MUST BE SIGNED by the user, AND Section 3 (Authorization) MUST BE SIGNED by the Authorized Representative/Executive Contact.**  The Access Group Permissions Summary matrix on page 2 is for your reference.  The summary outlines the permissions each Access Group has in CNP*web*™.

For SNP Sponsors requesting new users: you must select which users will be able to access the Direct Certification module.  Please be cautious of who has access to this information because it is highly confidential.

**Submit** the completed, signed form (page 3) via email attachment to hcnpsystems@notes.k12.hi.us, mail (see address in header), or FAX (808-587-3606) to HCNP.  Please retain a copy for your files and allow 5 business days for the form to be processed.

- For existing users: Your HCNP Systems User Login ID and password will remain the same, and **you will be notified of your updated account via email**.

- For new users: You will be assigned a unique User Login ID and temporary password, which must be changed upon initial login to a personal password; this combination will be your HCNP Systems User ID. **You will be notified of your HCNP Systems User ID and temporary password via email**.

- For inactivated users: The Authorized Representative/Executive Contact will be notified via email of inactivation.

  ➢ Please note: until HCNP receives the request to *inactivate existing user*; the user will have access to HCNP Systems even if they are no longer employed by the sponsor.

*The HCNP Systems User Login ID and personal password is your secure HCNP Systems User ID and should be safeguarded.  Do not share it with anyone.*

# HCNP Systems Summary of Program Access Group Permissions

## SNP

### Sponsor Admin

**Applications**

| | |
|---|---|
| Sponsor Summary | Execute |
| Sponsor Info Sheet | View, Add, Modify, Delete |
| Site Info Sheet | View, Add, Modify, Delete |
| Annual Financial Report | View, Add, Modify |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |
| Verification Form | View, Add, Modify |
| October Survey Form | View, Add, Modify |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

**SFA Discretion**

| | |
|---|---|
| Direct Certification | Execute |

### Sponsor Claims

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Site Info Sheet | View |
| Annual Financial Report | View, Add, Modify |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View, Add, Modify, Delete |
| Verification Form | View, Add, Modify |
| October Survey Form | View, Add, Modify |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

**SFA Discretion**

| | |
|---|---|
| Direct Certification | Execute |

### Sponsor Staff

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Site Info Sheet | View |
| Annual Financial Report | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |
| Verification Form | View |
| October Survey Form | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

**SFA Discretion**

| | |
|---|---|
| Direct Certification | Execute |

### Fiscal Admin

**Applications**

| | |
|---|---|
| Sponsor Summary | Execute |
| Sponsor Info Sheet | View |
| Site Info Sheet | View |
| Annual Financial Report | View, Add, Modify |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |
| Verification Form | View, Add, Modify |
| October Survey Form | View, Add, Modify |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

**SFA Discretion**

| | |
|---|---|
| Direct Certification | Execute |

### Fiscal Staff

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Site Info Sheet | View |
| Annual Financial Report | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |
| Verification Form | View |
| October Survey Form | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

**SFA Discretion**

| | |
|---|---|
| Direct Certification | Execute |

## CACFP

### Sponsor Admin

**Applications**

| | |
|---|---|
| Sponsor Summary | Execute |
| Sponsor Info Sheet | View, Add, Modify, Delete |
| Center Info Sheet | View, Add, Modify, Delete |
| Provider Info Sheet | View, Add, Modify, Delete |
| FDCH Sponsor Budget | View, Add, Modify, Delete |
| Sponsor Center Budget | View, Add, Modify, Delete |
| Sponsor Management Plan | View, Add, Modify, Delete |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Sponsor Claims

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Center Info Sheet | View |
| Provider Info Sheet | View |
| Sponsor Management Plan | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View, Add, Modify, Delete |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Sponsor Staff

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Site Info Sheet | View |
| Provider Info Sheet | View |
| Sponsor Management Plan | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Fiscal Admin

**Applications**

| | |
|---|---|
| Sponsor Summary | Execute |
| Sponsor Info Sheet | View |
| Center Info Sheet | View |
| Provider Info Sheet | View |
| FDCH Sponsor Budget | View, Add, Modify, Delete |
| Sponsor Center Budget | View, Add, Modify, Delete |
| Sponsor Management Plan | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Fiscal Staff

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Center Info Sheet | View |
| Provider Info Sheet | View |
| FDCH Sponsor Budget | View |
| Sponsor Center Budget | View |
| Sponsor Management Plan | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

## SFSP

### Sponsor Admin

**Applications**

| | |
|---|---|
| Sponsor Summary | Execute |
| Sponsor Info Sheet | View, Add, Modify, Delete |
| Site Info Sheet | View, Add, Modify, Delete |
| Sponsor Budget | View, Add, Modify, Delete |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Sponsor Claims

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Site Info Sheet | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View, Add, Modify, Delete |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Sponsor Staff

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Site Info Sheet | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Fiscal Admin

**Applications**

| | |
|---|---|
| Sponsor Summary | Execute |
| Sponsor Info Sheet | View |
| Site Info Sheet | View |
| Sponsor Budget | View, Add, Modify, Delete |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

### Fiscal Staff

**Applications**

| | |
|---|---|
| Sponsor Info Sheet | View |
| Site Info Sheet | View |
| Sponsor Budget | View |

**Claims**

| | |
|---|---|
| Reimbursement Claim | View |

**Maintenance**

| | |
|---|---|
| Change Password | Execute |

## Definitions:

| | |
|---|---|
| Execute | Used for pages or processes that the user can run or perform |
| View | User can view information on the form; but does not have the option to submit changes made |
| Add | User can generate/create and submit new versions of a form or record |
| Modify | User can edit or revise and submit changes to an existing form or record depending on its *Form Status* (Approved, Pending Submission) |
| Delete | User can delete an existing form or record prior to submission to HCNP |

## Quick Reference Guide to Access Group

| | |
|---|---|
| Sponsor Admin | Person who typically completes and submits annual program renewal |
| Sponsor Claims | Person who completes and submits the monthly claim for reimbursement |
| Fiscal Admin | CACFP & SFSP: Person who completes the budget |
| Fiscal Staff | View Only (cannot make changes) to everything, including the budget |
| Sponsor Staff | View Only (cannot make changes) to everything, excluding the budget |

This institution is an equal opportunity provider

| | STATE OF HAWAII<br>DEPARTMENT OF EDUCATION<br>**HAWAII CHILD NUTRITION PROGRAMS**<br>650 Iwilei Road, Suite 270<br>Honolulu, Hawaii 96817 | **HCNP Systems**<br>**User Authorization Form**<br>**Revised 06/17/2016** |
|---|---|---|

**1. Sponsor Information:**

Agreement Number: _____

Official/Legal Sponsor Name: _____

**2. Certification:** (One form must be filled out for each HCNP Systems user)

I understand that using my HCNP Systems User ID to access the HCNP Systems is equivalent to an original signature for purposes of official documentation and that I am accountable for the content of information submitted when using my HCNP Systems User ID. By using my HCNP Systems User ID, I am certifying that the information transmitted will be complete and accurate.

I will carefully safeguard my HCNP Systems User ID and will not share it with anyone. I will notify the HCNP office via email immediately if my HCNP Systems User ID has been forgotten, used by someone else, or otherwise compromised. I understand that if I share my HCNP Systems User ID*,* I will be accountable for all transactions and information submitted by another person using my HCNP Systems User ID to access CNP*web*™. I understand that if any person accesses CNP*web*™ using my HCNP Systems User ID and provides false information, I will be subject to corrective actions and potential penalties.

**a. HCNP Systems User Agreement Signature:**

User Signature: _____

Print Name: _____ Date: _____

**b. Required User Information**

Email Address: _____

Phone Number: (808) _____*all phone numbers must have an 808 area code

**3. Authorization:** (To be completed by Sponsor's Authorized Representative/Executive Contact in CNP*web*™)

**a. Select one:**                                   **b. Select ONE Access Group: (Access Group permissions on page 2)**

☐Create User                                ☐Sponsor Admin               ☐Fiscal Admin
☐Modify Existing User                        ☐Sponsor Claims              ☐Fiscal Staff
☐Inactivate Existing User                    ☐Sponsor Staff
☐Transfer from Previous Sponsor – **Please indicate if user has privileges at more than one location ☐YES ☐NO**

**c. Select ALL Child Nutrition Programs for which access is needed:**

☐School Nutrition Program (National School Lunch Program, School Breakfast Program, SMP, ASP, FFVP, SSO)

   **i. ☐SNP ONLY: Sponsor Direct Certification Access (Confidential Information)**

☐Child and Adult Care Food Program
☐Summer Food Service Program

►*Please select one choice from Section a, one choice from section b and all applicable programs from section c – even if modifying an existing user*

**d. Authorization Signature:**

Authorized Representative/Executive Contact Signature**:** _____
(Person with Legal Authority to sign official Sponsor documents)

Print Name: _____ Date: _____

Authorized Representative/Executive Contact's Title: _____

**4. Submit:** Submit completed and signed page 3 of the form to HCNP via email attachment (hcnpsystems@notes.k12.hi.us), mail (see address in header), or FAX (808-587-3606)

| **HCNP INTERNAL USE ONLY** | Initial and Date |
|---|---|
| **1. Office Assistant:** Verify Form is Complete, Scan Document | |
| **2. System Administrator:** Process Form | |
| **3. Office Assistant:** Notify User of Account Information, Document in CNPweb | |
| **4. Office Assistant:** File Document | |

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