



STATE OF HAWAII
DEPARTMENT OF EDUCATION
HAWAII CHILD NUTRITION PROGRAMS
650 Iwilei Road, Suite 270
Honolulu, Hawaii 96817

HCNP Systems
User Authorization Form
Revised 05/13/2021

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 CNPweb™ (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 CNPweb™.

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 hcnp@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

| | Sponsor Admin | Sponsor Claims | Sponsor Staff | Fiscal Admin | Fiscal Staff |
|----------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| S N P | Applications | Applications | Applications | Applications | Applications |
| | Sponsor Summary | Sponsor Info Sheet | Sponsor Info Sheet | Sponsor Summary | Sponsor Info Sheet |
| | Sponsor Info Sheet | Site Info Sheet | Site Info Sheet | Sponsor Info Sheet | Site Info Sheet |
| | Site Info Sheet | | | Site Info Sheet | Annual Financial Report |
| | Annual Financial Report | Annual Financial Report | Annual Financial Report | Annual Financial Report | Annual Financial Report |
| | Claims | Claims | Claims | Claims | Claims |
| | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim |
| | Verification Form | Verification Form | Verification Form | Verification Form | Verification Form |
| | October Survey Form | October Survey Form | October Survey Form | October Survey Form | October Survey Form |
| | Maintenance | Maintenance | Maintenance | Maintenance | Maintenance |
| Change Password | Change Password | Change Password | Change Password | Change Password | |
| SFA Discretion | SFA Discretion | SFA Discretion | SFA Discretion | SFA Discretion | |
| Direct Certification | Direct Certification | Direct Certification | Direct Certification | Direct Certification | |
| C A C F P | Applications | Applications | Applications | Applications | Applications |
| | Sponsor Summary | Sponsor Info Sheet | Sponsor Info Sheet | Sponsor Summary | Sponsor Info Sheet |
| | Sponsor Info Sheet | Center Info Sheet | Site Info Sheet | Sponsor Info Sheet | Center Info Sheet |
| | Center Info Sheet | Provider Info Sheet | Provider Info Sheet | Center Info Sheet | Provider Info Sheet |
| | Provider Info Sheet | Sponsor Management Plan | Sponsor Management Plan | Provider Info Sheet | FDCH Sponsor Budget |
| | FDCH Sponsor Budget | | | FDCH Sponsor Budget | Sponsor Center Budget |
| | Sponsor Center Budget | | | Sponsor Center Budget | Sponsor Management Plan |
| | Sponsor Management Plan | | | Sponsor Management Plan | |
| | Claims | Claims | Claims | Claims | Claims |
| | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim |
| Maintenance | Maintenance | Maintenance | Maintenance | Maintenance | |
| Change Password | Change Password | Change Password | Change Password | Change Password | |
| S F S P | Applications | Applications | Applications | Applications | Applications |
| | Sponsor Summary | Sponsor Info Sheet | Sponsor Info Sheet | Sponsor Summary | Sponsor Info Sheet |
| | Sponsor Info Sheet | Site Info Sheet | Site Info Sheet | Sponsor Info Sheet | Site Info Sheet |
| | Site Info Sheet | | | Site Info Sheet | Sponsor Budget |
| | Sponsor Budget | | | Sponsor Budget | |
| | Claims | Claims | Claims | Claims | Claims |
| | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim | Reimbursement Claim |
| | Maintenance | Maintenance | Maintenance | Maintenance | Maintenance |
| | Change Password | Change Password | Change Password | Change Password | Change Password |

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 <i>Form Status</i> (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 |



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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 CNPweb™. I understand that if any person accesses CNPweb™ 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 CNPweb™)

a. **Select one:**

- Create User
- Modify Existing User
- Inactivate Existing User
- Transfer from Previous Sponsor – Please indicate if user has privileges at more than one location YES NO

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

- Sponsor Admin
- Sponsor Claims
- Sponsor Staff
- Fiscal Admin
- Fiscal Staff

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 (hcnp@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 | |