



## USER AUTHORIZATION

The Nevada Department of Agriculture, Food and Nutrition Division utilizes several web portals for sponsors to collect and submit information. The three main web portals are described below:

**CNP2000**—This web portal is used to submit and track your orders for USDA Foods. Submit survey requests for processed end products, provide information on entitlement, and review the value of USDA Foods Received Report.

**CNP**—This web portal is used to enter claims for reimbursement, to download forms and to complete the annual application renewal process.

**Mustang**—This web portal is used to access the lists of students that are Directly Certified for free meals as a result of their participation in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and the Food Distribution Program on Indian Reservations (FDPIR), as applicable to your district.

Each Sponsor must designate users from their agency to access each specific portal. Users will be assigned a unique user identification and password by the Food and Nutrition Division upon receipt of this authorization. **Unauthorized or inappropriate use of any of these web portals may result in termination of this service.** For any questions please contact the Food and Nutrition Division at (775) 353-3758.

<b>CNP2000:</b>	<b>NSLP</b>	<b>SFSP</b>	<b>CACFP</b>	<b>CSFP</b>	<b>NSIP</b>	<b>TEFAP</b>
<b>CNP :</b>	<b>NSLP</b>	<b>SFSP</b>	<b>CACFP</b>	<b>FFV</b>		
<b>Mustang:</b>	(used to complete monthly direct certification)					

**Email Distribution List:**

Sponsor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Authorized System Users:**

Name: _____	Title: _____		
Telephone: _____	Add	Remove	Email: _____
Name: _____	Title: _____		
Telephone: _____	Add	Remove	Email: _____
Name: _____	Title: _____		
Telephone: _____	Add	Remove	Email: _____
Name: _____	Title: _____		
Telephone: _____	Add	Remove	Email: _____

My signature indicates that I have read the Program Agreement between the Nevada Department of Agriculture, Food and Nutrition Division and the sponsor named above. I am aware of the conditions and responsibilities specified therein.

**Program Administrator or Designated Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nutrition Services Manager Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_