

The Montana Agreement and Payment System (MAPS) allows sponsors to apply for the USDA Nutrition Programs, file claims for reimbursement, register for and track training, collaborate on Administrative Reviews, and file federal reports. Use of the system is required for sponsors participating in the USDA Nutrition Programs.

This form is to be submitted to the OPI by the Authorized Representative (AR) to:

- Set up and confirm initial user accounts for MAPS.
- Updates to user roles, names, email addresses, and/or phone numbers.

**User Roles:**

Each school meal programs sponsor has three primary users for School Nutrition Programs (SNP); and each summer sponsor has three primary users for the Summer Food Service Program (SFSP). For each program, the three user roles are **Authorized Representative**, **Claim Contact**, and **Food Service Director**. \*NOTE: A separate form must be filled out for each individual user.\*

- a. The **Authorized Representative** is the official responsible for accurate application of the School Nutrition Programs. The Authorized Representative will be given read-only access to MAPS.
- b. The **Claim Contact** is responsible for agreements, claims, management plans, budget, and collaboration on the Administrative Review. The Financial Contact will have update access to applications, claims, and training.
- c. The **Food Service Director (FSD)** is the primary user of the USDA Food Distribution Program (FDP) and is responsible for the management of commodities ordered/delivered through the program. The FSD will have full update authority in the FDP system module and access rights applicable to the various responsibilities of the FSD within the SNP and SFSP system modules.

**User Access Information:**

Sponsor/Organization Name: \_\_\_\_\_ Sponsor Number: \_\_\_\_\_

Name of Person Needing Access: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for access request: \_\_\_\_\_

Is this person replacing a person previously in this role? Yes No

If YES, who? \_\_\_\_\_

Name

Email address (if known)

Phone # (if known)

**Role(s):** (mark all that apply):

*School Meal Programs*

- SNP Authorized Representative
- SNP Claim Contact
- SNP Food Service Director

*Summer Food Service Program*

- SFSP Authorized Representative
- SFSP Claim Contact
- SFSP Food Service Director

**Read Only User Request:**

Read Only Access Level will be granted on a need-to-know basis, and depending on the situation.

Name of Person Needing Read Only Access: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for needing access: \_\_\_\_\_

Duration needed for access: \_\_\_\_\_

**Sponsor Authorized Representative Signature\***

Submitted By (signature): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\***Authorized Representative** is the person designated and authorized by the governing board to enter into contracts on behalf of the Legal Entity and must be responsible to the Office of Public Instruction for all administrative and operational terms.

Submit by Fax to (406) 444-1488; scan and email to SNPIInfo@mt.gov; or mail to:  
 OPI School Nutrition Programs, P.O. Box 202501, Helena, MT 59620-2501.

Rcvd by: \_\_\_\_\_ Date: \_\_\_\_\_ For OPI Use Only:

Correspondences: \_\_\_\_\_

Access Granted by: \_\_\_\_\_ Date: \_\_\_\_\_