



CHILD & ADULT CARE FOOD PROGRAM (CACFP)
Notice to Change Sponsoring Organization

PO Box 4210
Helena, MT 59620-4210
Toll Free: 888-307-9333
Fax: (406) 444-275

Effective on _____, I intend to change from _____
DATE NAME OF CURRENT SPONSORING ORGANIZATION

to _____ to participate in the CACFP.
NAME OF NEW SPONSORING ORGANIZATION

Provider Name _____ PV Number _____

Facility Address _____
Street City State Zip

Mailing Address, if different _____

Please read and initial each paragraph.

_____ I understand that I can choose any Sponsoring Organization (Sponsor) among the Sponsors available.

_____ I have the list of all Sponsors available to me and their contact information as contained in this form and available at: Notice to Change Sponsoring Organization Form

_____ I have not been advised, directed, forced, required, or coerced by anyone regarding my choice of a new Sponsor. In addition, have not received any compensation, favor, reward, or incentive in my choice of a new Sponsor

_____ I understand that I am not guaranteed service by any Sponsor

_____ I understand that I can participate in the CACFP under only one Sponsor during a calendar month.

_____ I understand that my participation in the CACFP with the new Sponsor can begin effective from the date of my preapproval visit by the new Sponsor

_____ I understand that I can change Sponsors only one time per year. One time per year means once during any 12-month period

_____ I understand that I cannot change Sponsors while I am in corrective action in the CACFP. I understand that any corrective action I am in must be closed before I can change Sponsors

_____ I certify that all of the above information is true and correct. I understand that I am giving this information in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes

Provider signature _____ Date _____

Original: *Current Sponsor*
Copy: *Provider*
Copy: *New Sponsor*
Copy: *State agency CACFP (provided to the State agency by the New Sponsor)*