

Site Change Notification Form Child and Adult Care Food Program

Institution Name _____ Agreement Number _____

Site Name: _____

Site Address: _____

Place a check **only in the boxes** that require an update to the application and enter the new information in the space provided. You may be required to submit supporting documentation for the change. For sponsoring organizations: If terminating a site, please submit the Sponsor Update Form.

Change Type	New Information
<input type="checkbox"/> Site Name (attach updated DECAL license)	
<input type="checkbox"/> Site Address (attach updated DECAL license)	Date Location Changed:
<input type="checkbox"/> Ownership Code*	<input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Out of State Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Organization Type*	Tax Status: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
<input type="checkbox"/> Site Contact Name	
<input type="checkbox"/> Contact Information	Phone Number: _____ Extension: _____ Fax Number: _____ Email address: _____
<input type="checkbox"/> License Capacity (Attach supporting doc. from licensing division)	Capacity @ 35 Sq. Feet: _____ Capacity @ 25 sq. feet: _____
<input type="checkbox"/> Site/Program Type	<input type="checkbox"/> Adult Care Center <input type="checkbox"/> Child Care Center <input type="checkbox"/> At-Risk Afterschool Care Center <input type="checkbox"/> Head Start Only <input type="checkbox"/> Outside School Hours <input type="checkbox"/> Homeless/Emergency Shelter
<input type="checkbox"/> Food Service	<input type="checkbox"/> Prepared on site <input type="checkbox"/> Prepared at Central Facility <input type="checkbox"/> Contracted <input type="checkbox"/> School Food Authority <input type="checkbox"/> Other

***If there is a change in legal ownership, including a change in legal entity although still operated by the same primary owners, contact the Application Specialist. Contact the Application Specialist as well if the Ownership Code or Organization Type has changed.**

I certify that I am authorized to make this request to DECAL and that the information I have provided above is true and correct.

_____ Signature

_____ Title

_____ Date

Mail to:

Bright from the Start: Department of Early Care and Learning
 Attn: CACFP Application Specialist
 2 Martin Luther King Jr. Drive, SE
 Suite 754, East Tower
 Atlanta, GA 30334

Fax to: CACFP Application Specialist

Fax #: (404) 651-7430