



**YES Inc.**  
**Child and Adult Care Food Program**  
**VOLUNTARY CLOSURE FORM**  
**TERMINATION OF THE AGREEMENT FOR PARTICIPATION**

**Instructions:** This form should be completed only when the institution/sponsor is voluntarily terminating the Agreement for Participation with Bright from the Start: Georgia Department of Early Care and Learning (GA DECAL). Complete each section of this form. Sign, date and submit this form to the assigned Application Specialist. DECAL will terminate the organization's agreement effective the date of center closure/sale. Additional information will be issued regarding the CACFP Close-Out Process.

Institution/Sponsor Name: \_\_\_\_\_ Agreement #: \_\_\_\_\_  SFSP Continues  
 Principal/Program Contact Name: \_\_\_\_\_ Direct Contact Info: \_\_\_\_\_

**Section I. Check the appropriate reason for closure and complete items below.**

**Change of Ownership (complete the following items):**

Effective date of sale: \_\_\_\_\_  
 New Owner's Legal Business Name: \_\_\_\_\_  
 New owner contact name: \_\_\_\_\_ New owner's phone#: \_\_\_\_\_  
 New Owner's email address: \_\_\_\_\_

Last claim month: \_\_\_\_\_ Last claim submitted for processing:  Yes  No.  
 Final claim for reimbursement must be submitted within 30 days of the last claim month.

DECAL will terminate the organization's agreement effective the date of sale. The Agreement for Participation is non-transferable. The organization selling the center may not seek reimbursement for meals/snacks after the effective date of sell. If interested, the new owner may apply to participate in the CACFP. The Principal/Program Contact of the new organization must complete Orientation and Program Training and submit a complete application to participate in CACFP.

**Organization or center closing permanently (complete the following items):**

Date organization will officially close: \_\_\_\_\_  
**MM / DD / YEAR**

Last claim month: \_\_\_\_\_ Last claim submitted for processing:  Yes  No.  
 Final claim for reimbursement must be submitted within 30 days of the last claim month.

**No longer wish to participate in the CACFP in direct agreement with Bright from the Start (complete the following items):**

Date organization wishes to voluntarily terminate CACFP agreement: \_\_\_\_\_  
**MM / DD / YEAR**

**Check reason for termination of Agreement:**

No longer eligible/qualify for reimbursement  No longer financially viable or administratively capable in meet Program requirements.

Wish to participate in agreement with a Sponsor: Sponsoring Organization Name: \_\_\_\_\_

Other: \_\_\_\_\_

Last claim month: \_\_\_\_\_ Last claim submitted in system:  Yes  No.  
 Final claims for reimbursement must be submitted within 30 days of the last claim month.



**Bright from the Start**  
**Georgia Department of Early Care and Learning**  
**2 Martin Luther King, Jr. Dr. East Tower-Suite 754**  
**Atlanta, GA 30334**

**Section II. Location of CACFP Records — All records must be maintained for 3 years, plus the current year of the last claim for reimbursement.** Indicate the contact person and address where all CACFP records will be stored for the federal record retention period. Sign and date the form.

**Check if the Principal/Program Contact on record will be holder of all Program documents after closure. If not, complete below.**

Name of person responsible for Program records after closure/sale: \_\_\_\_\_

Direct Contact Info: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address where records will be stored: \_\_\_\_\_

**As Principal/Program Contact for this institution/sponsor, I agree to voluntarily terminating the Agreement for Participation in the CACFP with Bright from the Start: Georgia Department of Early Care and Learning (GA DECAL). All final valid claims have been or are in process of being submitted, and all final reimbursement will be used only on allowable CACFP administrative or operating costs. I agree to maintain all CACFP for three years, plus the current year and to make all records available upon request.**

**Signature:** \_\_\_\_\_

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

**of Principal/Program Contact or Authorized Representative**

**FOR USE BY DECAL ONLY**

DECAL Staff: \_\_\_\_\_

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

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

Final claim for reimbursement submitted     Outstanding debt reported to the Policy Administrator     Access to system terminated

Notice to Audits and Compliance     Upload Forms in system     Terminate/Close Program (Application)