



Bright from the Start
Georgia Department of Early Care and Learning
Child and Adult Care Food Program
VOLUNTARY CLOSURE FORM

Instructions: Complete this form if the organization is voluntarily ending their CACFP agreement with Bright from the Start. Complete the applicable item in section I. Complete section II and sign and date the form. Fax to the attention of the CACFP Application Specialist at (404) 651-7430.

Legal Name of Organization: _____ Agreement #: _____

Contact person after closure: _____ Contact # after closure: _____

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

Change of Ownership (complete the following items):

Effective date of sale: _____

Legal name of organization sold to: _____

New owner contact person: _____ New contact #: _____

Last date that reimbursement will be claimed: _____

MM / DD / YEAR (This date can be no later than one day prior to the effective date of sell.)

DECAL will close the organization's agreement effective the date of sell. The organization selling the center may not claim for meals after the effective date of sell. Inform the new owner to contact the Application Specialist at DECAL in order to make an application for participation in the CACFP.

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

Date organization will officially close: _____
MM / DD / YEAR

DECAL will close the organization's agreement effective the date of center closing. No further claims may be submitted for meals served after this date.

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

Date organization wishes to voluntarily end CACFP agreement: _____
MM / DD / YEAR

Reason organization no longer wishes to participate:

DECAL will close the organization's agreement based on the date indicated above. No further claims may be submitted for meals after this date unless organization is approved in the future to participate.

Section II. Location of Records — All records must be maintained for 3 years after the last claim for reimbursement. Indicate the contact person and address where all CACFP records will be stored for the federal record retention period for the organization closing their agreement. Sign and date the form.

Name of Contact: _____ Contact Number: _____

Address where Records will be stored: _____

Authorized Signature: _____ **Date:** _____

FOR USE BY DECAL ONLY	
DECAL Staff: _____	Date: _____