Institution Change Notification Form
Child and Adult Care Food Program

Institution Name Youth Educational Services, Inc. Agreement Number 03268-A

Site Name _____ Address: _____

This form should be used to update any changes to the legal or governing body operating the CACFP. **Only check the boxes that require** an update to the application and enter the new information in the space provided. Note: Change of Ownerships require a new application. If terminating participation, complete the Voluntary Closure Form.

Change Type	New Information
☐ Institution Name (Attach Certificate of Name Change)	
☐ Federal Employer ID #*	
☐ Physical/Street Address	Street: City: State: Zip:
☐ Ownership Code*	☐ Corporation ☐ Government ☐ Limited Liability Corporation ☐ Out of State Corporation ☐ Partnership ☐ Sole Proprietorship
☐ Organization Type*	Tax Status: ☐ Profit ☐ Nonprofit
☐ Board Member Changes	Date of Board Meeting: ☐ Board meeting minutes attached. ☐ Minutes dated, adopted and signed.
☐ Principal/Program Contact Effective: ___ / ___ / ___ *__This person must attend CACFP Training within 90 days of the change. Contact Adm. Asst: (404) 657-1779__	New Principal Name: New Principal Title: Date Training Attended:
☐ Food Service Management Company (FSMC)	FSMC Name: _____ ☐ Food service contract attached.
Bank Account Information	To change the bank account information, use the Vendor Management Form. Update the Accounting Tracking System section of the Management Plan in GA ATLAS if making a change to the procedures for maintaining CACFP income/expenses separately from other funds.
GA ATLAS User ID/Password	To add or remove users assigned by individual names, use the Electronic Enrollment/Change Form. For organizations assigned user names by organizational acronym, contact the Application Specialist.

***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 Federal ID Number, 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.

Marya M. Cox (Signature) | Program Administrator (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 Assigned Application Specialist
Fax #: (678) 717-6050- Paula Lawrence (Zero(0)-G)
(770) 342-3104- Shericka Blount (H-P)
(770) 342-3171-Kenya Taylor (Q-Z)

FOR DECAL USE ONLY: SAVE Affidavit required: __Y ___N SD Verification: ___Y ___N
GA DL Verification: __Y ___N NDL Verification: __Y ___N GA ATLAS Updated: ___Y ___N

DECAL Official: _____ Date: _____