



# BRIGHT FROM THE START

Georgia Department of Early Care and Learning  
2 Martin Luther King, Jr. Drive, SW - 754 East Tower  
Atlanta, Georgia 30334

## Sponsor Update Form

Email to: Assigned Business Operations

Representative:

[Jerald.Savage@dec.al.ga.gov](mailto:Jerald.Savage@dec.al.ga.gov)

(0 (zero)-C) (H-P)

[Edith.Pierre@dec.al.ga.gov](mailto:Edith.Pierre@dec.al.ga.gov)

(D-G) (Q-Z)

Sponsoring Organization's Name \_\_\_\_\_

CACFP Agreement # \_\_\_\_\_ Date Submitted to DECAL \_\_\_\_\_

Section I. In column 1, list the names of the facilities to be terminated under the sponsoring organization's sponsorship. In column 2, list the last month of meal service that a claim will be submitted for the facility and place a check in the 3<sup>rd</sup> column if the last claim has been filed. In the 4<sup>th</sup> column indicate the reason the facility is being terminated from your sponsorship. If the facility is changing ownerships, but remaining under your sponsorship with the new ownership, select change of ownership, otherwise select voluntary closure.

(1) Name of Terminated Site	(2) Last Month to file Claim	(3) Last claim filed?	(4) Indicate reason: a) Change of Ownership b) Voluntary Closure c) Termination due to Seriously Deficient
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Section II. List the names of the facilities for which changes were made on GA ATLAS and an approval is needed. Provide a brief description of the changes made. If the system does not indicate an approval is needed, there is no need to list below.

(1) Name of Site	(2) Brief description of changes
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	