SPONSOR -- *Add / Change / Delete Data Form* -- **SPONSOR**

☐ **NSLP** ☐ **CACFP** ☐ **SFSP**

☐ **CHANGE DATA for Sponsor**

- ☐ *Change Sponsor Name*
- ☐ *Change Sponsor Physical Address*
- ☐ *New Site, Delete Site, or Change Data for Site.*

or

☐ **NEW Sponsor**

Directions:
Please complete only one (1) SPONSOR form and complete all required fields.
Please complete one (1) SITE form for each site being added, deleted or changed.
Please fax SPONSOR form & SITE form(s) to Health and Nutrition at (602) 542-1531

Sponsor Name:

Sponsor CTDS# (if current sponsor)**:**

Sponsor Physical Address:

City: **State:** AZ **Zip Code:**

Mailing Address:

City: **State:** AZ **Zip Code:**

Contact Information

Name: **Title:**

Phone: **Fax:**

E-Mail:

Authorized Signature: _____ **Date:** _____

(Superintendent, Business Manager, Principal, or Director that is an authorized signer on the Food Service Agreement)

ADE USE ONLY -- ADE USE ONLY -- ADE USE ONLY -- ADE USE ONLY -- ADE USE ONLY

_____ / _____ / _____ **DATE SPONSOR:** ☐ **ADDED** ☐ **CHANGED DATA**

CTDS# *(If new Sponsor/Site please please leave blank, if not please confirm CTD# with Enterprise print out)* ☐ *Attached*

County _____ _____ **Type** _____ _____ **District** _____ _____ **School** _____ _____ _____

I do hereby confirm that the **Authorizing Signature** above is from an authorized signer on the CNP Agreement *(sign & date below)*

Signature: _____ **Date:** _____

Entity Type *(only if new sponsor)*

☐ **Non-Profit Child Care Center** -- A licensed, non-school, public or private non-profit (tax exempt) organization providing day care services where children are not maintained in permanent residence.

☐ **For-Profit Child Care Centers** -- A licensed, non-school, private organization providing day care services where children are not maintained in permanent residence and having at least 25 percent of the children enrolled receiving free or reduced benefits.

☐ **Day Care Home Sponsor** -- A public agency or private non-profit organization responsible for the administration of food programs in private homes which are licensed by DES or have demonstrated compliance with CACFP standards.

☐ **Adult Day Care** -- A certified public or private non-profit organization providing less than 24-hour care to the elderly or functionally handicapped.

☐ **Private Non-Profit Organization** -- A private non-profit organization which provides services in residential or non-residential settings.

☐ **Residential Child Care Institution (Non-Gov't)** -- A public or licensed non-profit (tax exempt) private organization including but not limited to orphanages, substance abuse treatment centers, homes for the mentally handicapped, etc. where children are maintained in residence of care.

☐ **Food Program at a Community Facility** -- Community facility including but not limited to parks, pools, shelters, churches, etc. that provide meals to children participating in the Summer Food Service Program.

SITE -- *Add / Change / Delete Data Form* -- SITE ☐ NSLP ☐ CACFP ☐ SFSP

☐ **CHANGE DATA for Site**

☐ *Change Site Name*

☐ *Change Site Physical Address*

or ☐ **NEW Site** ***or*** ☐ **DELETE Site**

Directions: **Please complete only one (1) SPONSOR form and complete all required fields.**
Please complete one (1) SITE form for each site being added, deleted or changed.
Please fax SPONSOR form & SITE form(s) to Health and Nutrition at (602) 542-1531

Sponsor Name:

Sponsor CTDS# (if current sponsor)**:**

Site Name:

Site CTDS# (if current site)**:**

Site Physical Address:

City: **State:** AZ **Zip Code:**

Mailing Address:

City: **State:** AZ **Zip Code:**

Contact Information

Name: **Title:**

Phone: **Fax:**

E-Mail:

Authorized Signature: _____ **Date:** _____

(Superintendent, Business Manager, Principal, or Director that is an authorized signer on the Food Service Agreement)

Directions: **Please complete only one (1) SPONSOR form and complete all required fields.**
Please complete one (1) SITE form for each site being added, deleted or changed.
Please fax SPONSOR form & SITE form(s) to Health and Nutrition at (602) 542-1531

ADE USE ONLY -- ADE USE ONLY -- ADE USE ONLY -- ADE USE ONLY -- ADE USE ONLY

_____ / _____ / _____ **DATE SITE:** ☐ **ADDED** ☐ **DELETED** ☐ **CHANGED DATA**

CTDS# *(If new Sponsor/Site please please leave blank, if not please confirm CTD# with Enterprise print out)* ☐ *Attached*

County _____ _____ **Type** _____ _____ **District** _____ _____ **School** _____ _____ _____

I do hereby confirm that the **Authorizing Signature** above is from an authorized signer on the CNP Agreement *(sign & date below)*

Signature: _____ **Date:** _____