

SPONSOR CHANGE FORM

Sponsor Name: _____

Sponsor Number: _____ Effective Date of Change: _____

FOR A CHANGE OF AUTHORIZED REPRESENTATIVE		
Name: _____	Title: _____	
Phone: _____	Email: _____	
Remove the Following Person: _____		
Signatures indicate that the following individuals have read the Program Agreement between Child Nutrition & Wellness and the sponsor.		
_____	_____	_____
Date of Birth (Authorized Representative)	Signature of NEW Authorized Representative	Date
_____	_____	_____
Print Name of Board Chairperson/Owner	Signature of Board Chairperson/Owner	Date

FOR A CHANGE OF CACFP CONTACT		
Name: _____	Title: _____	
Phone: _____	Email: _____	
Remove the Following Person: _____		
Signatures indicate that the following individuals have read the Program Agreement between Child Nutrition & Wellness and the sponsor.		
_____	_____	_____
Date of Birth (New CACFP Contact)	Signature of NEW CACFP Contact)	Date
_____	_____	_____
Print Name of Board Chairperson/Owner	Signature of Board Chairperson/Owner	

Return form to:

(over)

Child Nutrition & Wellness, KSDE, 120 SE 10th Ave., Topeka, KS 66612-1182

This institution is an equal opportunity provider and employer.

For KSDE Use Only: _____ Update KN-CLAIM _____ Logged & Letter Sent _____ Notified Staff via email

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Sponsor Name: _____

Sponsor Number: _____ Effective Date of Change: _____

TO ADD A PERSON AUTHORIZED TO SUBMIT CLAIMS

Name: _____ Title: _____

Phone: _____ Email: _____

Remove the Following Person: _____

Signature of Person Authorized to Submit Claims Signature of Authorized Representative Date

Print Name of Board Chairperson/Owner Signature of Board Chairperson/Owner Date

FOR CHANGE IN SPONSOR MAILING ADDRESS

New Address: _____ Phone: _____

Fax: _____

Email: _____

Print Name of Authorized Representative Signature of Authorized Representative Date

Print Name of Board Chairperson/Owner Signature of Board Chairperson/Owner Date

(over)

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