

Sponsor Letterhead here!

*date*

**CERTIFIED MAIL**  
**Return Receipt Requested**

*provider name*  
*provider street address*  
*provider city, state, zip*

**Notice of Action**  
**Termination and Disqualification**

Dear Ms. *provider last name (date of birth)*,

In my letter of *date*, you were notified that *sponsoring organization* intended to terminate your participation on the Child and Adult Care Food Program (CACFP) effective *date*. CACFP regulations state that the letter is considered received five days after being sent to the addressee's last known mailing address. According to CACFP Appeal Process, a provider must reply within 15 days of receipt of the Notice of Action. The last day to request an appeal was *date*. Since you did not request an appeal, you are terminated effective *date*.

The total overclaim amount of \$## is due to *sponsoring organization* immediately.

Sincerely,

*Your name*  
*Your title*

C: Assistant Director, Child Nutrition & Wellness, Kansas State Department of Education  
*Other?*