



INITIATION FORM FOR ELECTRONIC CHILD AND ADULT CARE FOOD PROGRAM PERMANENT AGREEMENT

This fillable PDF initiation form has been created for Child and Adult Care Food Program (CACFP) Operators who wish to complete their **Child and Adult Care Food Program Permanent Agreement (PA)** electronically. **The PA must be read in its entirety prior to completing this form.** Once the CACFP specific information within this form is provided to The Arizona Department of Education (ADE), a member of ADE HNS staff will then complete the agreement and route the PA electronically to all individuals listed within the form for signature.

Page 1 (plus other required information)

Legal Name of Sponsor: _____

Doing Business As (if applicable): _____

CTDS#: _____ Address: _____

If the SPONSOR is a public agency (i.e. government related) enter the entity or agency that is authorized to approve this agreement (if not applicable, leave blank): _____

The SPONSOR enters into this Agreement with ADE for participation in the CACFP operating one or more of the following (check those that apply):

☐ Child Care Center

☐ Outside School Hours Care Center

☐ Family Child Care Home

☐ Adult Day Care Center

☐ Emergency Shelter

☐ At-Risk After School Snack Program

Page 22 - Certification Page (required information if organization has a Governing Board)

(1) County (in which the entity operating the programs is located): _____

(2) Name of Official (or Governing Board Member) authorized to implement the programs: _____

(3) City in which the meeting that addressed the PA was held: _____

(4) Date that the meeting or decision to implement the PA took place: _____

(5) Legal title of the SPONSOR'S governing board; current year: _____

(6) Name of Designated Official who will be signing the PA: _____

(Same designated official as on the line 1 of the signature page of the Agreement)

(7) Authorized Official or Governing Board Member (same name as on line 2 of the certification page.)

Note that the authorized official/governing board member cannot designate him/herself as the Designated Official.

Authorized Official First & Last Name

Title

Email

Page 23- Signature Page (required information)

Designated Official First & Last Name

Title

Email

Authorized Signer (1) First & Last Name

Title

Email

Authorized Signer (2) First & Last Name

Title

Email

Authorized Signer (3) First & Last Name

Title

Email

Email to
ContactHNS@azed.gov