



### Add/Change/Delete Form v4.4

### Sponsor Form

Required sections/fields are indicated with an asterisk (\*).

Select Applicable Program(s)*				
National School Lunch Program (NSLP)	Summer Food Service Program (SFSP)	Child and Adult Care Food Program (CACFP)	NSLP At-Risk Afterschool Meals	CACFP At-Risk Afterschool Meals

Requested Action(s)*		
Add New Sponsor	Add a New Site	Delete Sponsor
Change Sponsor Entity Name	Change Site Name	Delete Site
Change Sponsor Address	Change Site Address	

Sponsor Entity Information	
*Sponsor Entity Name:	*Sponsor Entity CTDS #:
<i>If requesting an entity name change, input the former entity name:</i>	
*Physical Address:	
*City:	*State:
*Zip Code:	
<i>If requesting a change to the sponsor address, input the former physical address:</i>	
*Mailing Address:	Same as physical address.
*City:	*State:
*Zip Code:	
<i>If requesting a change to the sponsor address, input the former mailing address:</i>	
*Phone #:	Fax #:
Website URL:	
Effective Date of Add/Change/Delete (date of form completion or future date):	

<b>New Sponsor Entities Only:</b> Complete this section to tell Health and Nutrition Services more about the new entity.			
Traditional Child Care	Head Start	BIE/Tribal Group	
Adult Care Center	Outside of School Hours Care Center	Residential Child Care Institution	
At-Risk Afterschool Care Center	Private School	Community Organization	
Emergency Shelter	Faith Based Organization/School	Other:	
<b>Additional Entity Details:</b>	Public Organization	Private Non-Profit <small>Attach 501c3</small>	Private For-Profit

Authorized Signer Information		
Printed Name:	Authorized Signature:	
Phone #:	Email:	Date:

For Arizona Department of Education Health and Nutrition Services Staff Use Only		
Program Year:	Program Approval Signature:	Date:

## Site Form

Required sections/fields are indicated with an asterisk (\*).

If the entity is a public school (District or Charter), only complete the sections with two asterisks (\*\*).

Sponsor Entity Name:

Sponsor Entity CTDS #:

### Sponsor to Site Relationship Information

Non-Associated Site

Associated Site

\* Must have an approved Inter-Agency Agreement on file if adding to NSLP

\* Attach a Non-Associated Site Agreement to this form if adding to SFSP or CACFP At-Risk

### Site Entity Information

\*\*Site Entity Name:

\*\*Site Entity CTDS #:

*If requesting a change to the site name, input former site name:*

\*Physical Address:

\*City:

\*State:

\*Zip Code:

*If requesting a change to the site address, input former physical:*

\*Mailing Address:      Same as physical address.

\*City:

\*State:

\*Zip Code:

*If requesting a change to site address, input former mailing address:*

\*Phone #:

Fax #:

Website URL:

**New Site Entities Only:** Complete this section to tell Health and Nutrition Services more about the new site entity.

Traditional Child Care

Head Start

BIE/Tribal Group

Adult Care Center

Outside of School Hours Care Center

Residential Child Care Institution

Emergency Shelter

Private School

Community Organization

At-Risk Afterschool Care Center

Faith Based Organization/School

Other:

\* Attach enrichment schedule and documentation of area eligibility

**Licensed Care Centers Only:** Indicate how the new site entity is licensed to operate. \*Attach License.

Department of Defense

Department of Health Services

Exempt from License Requirements

Department of Economic Security

Department of Child Safety

Tribal License or Approval

**Additional Entity Details:**

Public Organization

Private Non-Profit

Private For-Profit

**Notes from Entity or HNS:**