

Add/Change/Delete

Health and Nutrition Services Entity Data Form v4.3

Select Applicable Program: NSLP SFSP CACFP CACFP/At Risk Other _____

Sponsor Entity Information

I am requesting the creation of a brand-new Sponsor I am requesting a change to the Site(s)

I am requesting a change to the Sponsor name

****Sponsor Name:** _____

****Sponsor CTDS:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address Same as Physical Address _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____ **Website:** _____

Authorized Signer Information

(Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract)

Name: _____ **Phone:** _____ **E-mail:** _____

Authorized Signature: _____ **Date:** _____

ADE Staff Use Only

Program Year (if changing mid-year, date must be the first of the month): _____

Program approval signature: _____ Date: _____

For New Sponsor/Site Entities:

- Child Care Center Adult Care Center Non-Public Organization
- Private School Faith Based
- Tribal Group Residential Treatment Center

Additional Entity Details:

Public vs Private (select one):

Public Private

Profit Status (select one)

For Profit Not for Profit

Notes:

Note to Program Staff: Please ensure proper documentation is submitted to Entity Manager or the entity cannot be created.

Site Form

(To be included when requesting action for one or more sites)

Sponsor Name: _____

Sponsor CTDS: _____

Site Entity Information

If entity is a public school (District or Charter) only fill out the fields marked with **

I am requesting a change to the site name

I am requesting the creation of a brand-new site

Old Name: _____

Non-Associate Site Associated Site

This site is no longer participating in the program

(This selection may remove site from CNPWeb)

**Site Name: _____

**Site CTDS: _____

Physical Address: _____

City: _____ State _____ Zip _____

Mailing Address: Same as Physical Address _____

City: _____ State _____ Zip _____

Telephone: _____ Fax: _____ Website: _____

Childcare facilities only, please select one:

Alternate approval

Department of
Defense License

Department of Economic
Security License

Department of Health
Services License

Tribal License

[*Click here for additional Site Form.](#) Site Form(s) must be submitted with at least one Sponsor Form

ADE Staff Use Only

For Sponsor/Site Entities:

Child Care Center Adult Care Center Non-Public Organization

Private School Faith Based

Tribal Group Residential Treatment Center

Additional Site Entity Details:

Public vs Private (select one):

Public Private

Profit Status (select one):

For Profit Not for Profit

Notes:

Note to Program Staff: For brand new entities, please ensure proper documentation is submitted to Entity Manager or the entity cannot be created.