

Child and Adult Care Food Program

Principal Contact Information Form

Child and Adult Care Food Program (CACFP) regulations require the date of birth (DOB) and the mailing address for those who sign the agreement as well as for others who are either a principal or a responsible principal for the Program. [\[7 CFR 226.6\(b\)\(1\)\(xv\)\]](#)

****Responsible Principal per Institution Type:**

- **Nonprofit institution:** Board Chairman and Executive Director
- **Church:** Pastor or Church Board Member with signature authority for the church
- **For-profit institution:** Owner/president
- **LEA:** School food service director, accountant, and the responsible CACFP administrator.
- **Tribe:** Tribal Chair or Board Member with signature authority
- **College/University:** Dean or other administrator with signature authority
- **Public institution (City/County):** Administrator with signature authority

Note: not all board members are considered Responsible Principals (RP). Only the Chairman of the Board is required to be listed as a RP.

**** Principal per Institution Type: All Institutions:** CACFP WINS Contact, CACFP WINS 2nd Contact, CACFP WINS Claim Contact, Signer of the OSPI Permanent Agreement.

This form must be submitted to OSPI when any of the required positions/roles are changed.

At a minimum, the DOB and mailing address must be provided for the positions outlined in the CACFP Responsible Principal Reference Sheet. Use additional pages as needed.

I am completing this form for the purpose of: ☐ Initial Application ☐ Re-Application ☐ Changes to staff/board

	First Name	Last Name	Mailing Address (Email, Mailing, Fax No)	Date of Birth (MM/DD/YYYY)	**Principal Type
Signer of OSPI Permanent Agreement					<input type="checkbox"/> Responsible Principal <input type="checkbox"/> Principal
CACFP Contact					<input type="checkbox"/> Responsible Principal <input type="checkbox"/> Principal
CACFP 2 nd Contact					<input type="checkbox"/> Responsible Principal <input type="checkbox"/> Principal
CACFP Claim Contact					<input type="checkbox"/> Responsible Principal <input type="checkbox"/> Principal

Institution Name

Name of Person Submitting Form

Date



Washington Office of Superintendent of
PUBLIC INSTRUCTION