Child and Adult Care Food Program Unaffiliated Site Transfer Form

Unaffiliated facilities (homes or centers) may transfer sponsorship from one sponsor to another when in good standing with the CACFP Requirements. Please refer to the CACFP Facility Transfer Reference sheet for requirements.

Instructions:

- 1. Transferring provider/facility completes **Part I** and sends to current sponsor.
- 2. Current Sponsor completes Part II and returns to transferring provider/facility.
- 3. Proposed Sponsor completes **Part III** and sends a copy to the current sponsor, provider/facility, and OSPI.

Part I: Transferring Site/Facility Completes this section and submits to Current Sponsor										
Facility Name				ame	F	Provider Last Name				
Site Address			(City and Zip						
Provider Telephone Current Sponsor Organization										
New Sponsor Name						Requested Transfer Effective Date				
Provider Signature						Date				
Part II: Current spor	nsor co	mpletes a	nd returns to	transferring site	/facil	ity				
This provider is in good standing with our agency and is not considered seriously deficient and no unresolved action pending.							า	□ YES	□NO	
This provider is seriously deficient or owes a debt. Transfer cannot be approved until resolved.							□YES	□NO		
This provider is eligible to transfer to another CACFP sponsor effective:							□YES	□NO		
Meal reimbursement will be paid by our organization through the (month/year)										
Sponsor Representative Name				Signature			Date	Date		
Part 3: Send Form t	o New S	Sponsor A	aency to com	plete and subm	it to (OSPI				
							Telep	ephone		
	ransfer is eff	ective:								
\square We are unable to acc	ansfer at this	time.								
Sponsor Representative N	Signatur	Signature		Date						

Sept. 2025 This institution is an equal opportunity provider.

