Child and Adult Care Food Program
Unaffiliated Facility 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 Provider/Facility Completes this section and submits to Current Sponsor			
Facility Name N/A Home Provider		Provider First Name	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 sponsor completes and returns to transferring provider/facility	
This provider/facility is in good standing with OSPI; is not considered seriously deficient; and no unresolved action is pending.	☐ YES ☐ NO
This provider/facility is seriously deficient or owes a debt. Transfer cannot be approved until resolved.	☐ YES ☐ NO
This provider/facility is eligible to transfer to another CACFP sponsor.	☐ YES ☐ NO
Meal reimbursement will be paid by our organization through (month/year):	

Sponsor Representative Name	Signature	Date

Part 3: Send form to New Sponsor Agency to complete and submit to OSPI	
New Sponsor Agency	Telephone
Transfer is effective:	
☐ We are unable to accept this transfer at this time.	

Sponsor Representative Name	Signature	Date

This institution is an equal opportunity provider.

Washington Office of Superintendent of
PUBLIC INSTRUCTION