



Child and Adult Care Food Program
Program Update Form
 Independent Centers

Institution Name				Agreement #	
Facility Name					
Email Address			Phone Number		
Institution updates: (Check all that apply)					
	Name *		Ownership *		Physical Address
	FEIN *		UEI		Termination of Institution
	Mailing Address		Phone Number		Institution Type *
	Board of Directors		Banking Contact		Bank Account for Payments
	License		Termination		Management Plan
Institution Documents: (Check all that apply)					
	Statement of Authority		Budget		Food Service Contract
Schedules					
	Operating Schedule		Add/Drop Meal Service		Meal Service Time
Other Changes:					
<p>* Changes marked with an asterisk require a new application to be completed. All changes to the Institution Record must be entered in NC CACFP CONNECTS by the institution. Supporting documentation must be submitted for each request. Email the CACFP Program Update form to your assigned Field Service Specialist.</p>					
Notes/Comments:					

Institution's Signature: _____ **Date:** _____

The institution certifies that the information in this request is true and correct, and that the institution will immediately report to the NC Child and Adult Care Food Program any changes that occur to the information submitted. The institution understands that deliberate submission of false information within the Institution's application may result in the denial of the application or termination of the agreement (as applicable) and disqualification of the Institution, the responsible principals, and the responsible individuals from the CACFP Program.

NC CACFP State Agency Signature: _____ **Date:** _____

NC CACFP State Agency Approval: _____ **Date:** _____