Demonstration of Need for New Sponsors of Multiple Centers

Any new Sponsor of multiple CACFP centers must complete the following information:

- **Sponsor Name:** _________________________________________  **Sponsor Number:** __________

- Indicate the type of sites to be administered (child care centers, adult day care centers, or emergency shelters):

- List the names of the sites your agency will sponsor:

- Are these sites affiliated with the sponsor?  □ Yes  □ No

- **Signature of Authorized Representative:** ____________________________________________

- **Date:** ____________________________

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1/2013  
Child Nutrition & Wellness, KSDE