

## 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:** \_\_\_\_\_