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