



# Rising Phoenix Enrichment Program, INC

## Institution Change Notification Form Child and Adult Care Food Program

Institution Name \_\_\_\_\_ Agreement Number N/A

This form should be used to update any changes to the legal or governing body operating the CACFP. Place a check **only the boxes that require** an update to the application and enter the new information in the space provided. Note: Change of Ownerships require a new application. If terminating participation, complete the Voluntary Closure Form.

| Change Type   | New Information   |                     |   |
|---|---|---------------------|---|
| <input type="checkbox"/> Institution Name (Attach Certificate of Name Change) |   |                     |   |
| <input type="checkbox"/> Federal Employer ID #*                               |   |                     |   |
| <input type="checkbox"/> Street Address                                       | Street:   |                     |   |
|   | City:   | State:              | Zip:  |
| <input type="checkbox"/> Mailing Address                                      | Street:   |                     |   |
|   | City:   | State:              | Zip:  |
| <input type="checkbox"/> Ownership Code*                                      | <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Out of State Corporation <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership |                     |   |
| <input type="checkbox"/> Ownership Type*                                      | <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit  |                     |   |
| <input type="checkbox"/> Board Member Changes                                 | Date of Board Meeting:  |                     | <input type="checkbox"/> Board meeting minutes attached.<br><input type="checkbox"/> Minutes dated, adopted and signed, |
|   | <input type="checkbox"/> Principal/Program Contact Effective: ___ / ___ / ___<br>*This person must attend CACFP Training within 90 days of the change. Contact Adm. Asst: (470)488-0222             | New Principal Name: | New Principal Title:  |
|   | Date Training Attended:   |                     |   |
| <input type="checkbox"/> Claim Contact  | New Contact Name:   | New Contact Title:  |   |
| <input type="checkbox"/> Phone Number   | (    )  | Ext.                |   |
| <input type="checkbox"/> Fax Number   | (    )  | Ext.                |   |
| <input type="checkbox"/> Email Address  |   |                     |   |

|                           |   |
|---------------------------|---|
| Bank Account Information  | To change the bank account information, use the Financial Enrollment Vendor Management Form. Update the Accounting Tracking System section of the Management Plan on GA ATLAS if making a change to the procedures for maintaining CACFP income/expenses separately from other funds. |
| GA ATLAS User ID/Password | To add or remove users assigned by individual names, use the Electronic Enrollment/Change Form. For organizations assigned user names by organizational acronym, contact the RPEP Admin.  |

\*If there is a change in legal ownership, including a change in legal entity although still operated by the same primary owners, contact the RPEP Admin. Contact the RPEP Admin as well if the Federal ID Number, Ownership Code or Ownership Type has changed.

*I certify that I am authorized to make this request to DECAL and that the information I have provided above is true and correct.*

\_\_\_\_\_

Signature Title Date

Mail to: Rising Phoenix Enrichment Program, INC      Fax to: RPEP Admin  
 Attn: CACFP RPEP Admin      Fax #: 678-815-0959  
 950 Eagles Landing Pkwy, Suite 429  
 Stockbridge, GA 30281

**FOR RPEP USE ONLY:** SAVE Affidavit required:  Y  N      SD Verification:  Y  N

GA DL Verification:  Y  N      NDL Verification:  Y  N      GA ALAS Updated:  Y  N