



CHILD & ADULT CARE FOOD PROGRAM (CACFP)  
Notice to Change Sponsoring Organization

Effective on \_\_\_\_\_, I intend to change from \_\_\_\_\_  
DATE NAME OF CURRENT SPONSORING ORGANIZATION

to \_\_\_\_\_ to participate in the CACFP.  
NAME OF NEW SPONSORING ORGANIZATION

Provider Name \_\_\_\_\_ PV Number \_\_\_\_\_

Facility Address \_\_\_\_\_  
Street City State Zip

Mailing Address, if different \_\_\_\_\_

Please read and initial each paragraph.

\_\_\_\_\_ I understand that I can choose any Sponsoring Organization (Sponsor) among the Sponsors available.

\_\_\_\_\_ I have the list of all Sponsors available to me and their contact information as contained in this form and available at: Notice to Change Sponsoring Organization Form

\_\_\_\_\_ I have not been advised, directed, forced, required, or coerced by anyone regarding my choice of a new Sponsor. In addition, have not received any compensation, favor, reward, or incentive in my choice of a new Sponsor

\_\_\_\_\_ I understand that I am not guaranteed service by any Sponsor

\_\_\_\_\_ I understand that I can participate in the CACFP under only one Sponsor during a calendar month.

\_\_\_\_\_ I understand that my participation in the CACFP with the new Sponsor can begin effective from the date of my preapproval visit by the new Sponsor

\_\_\_\_\_ I understand that I can change Sponsors only one time per year. One time per year means once during any 12-month period

\_\_\_\_\_ I understand that I cannot change Sponsors while I am in corrective action in the CACFP. I understand that any corrective action I am in must be closed before I can change Sponsors

\_\_\_\_\_ I certify that all of the above information is true and correct. I understand that I am giving this information in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

Original: Current Sponsor

Copy: Provider

Copy: New Sponsor

Copy: State agency CACFP (provided to the State agency by the New Sponsor)

Montana Child and Adult Care Food Program  
Sponsors of Day Care Homes

**Billings Child Care Association**

Karen Angel  
145 Grand Ave, 3  
Billings, MT 59101  
Phone 252-8524  
1-800-314-2773  
[bcca@billingschildcare.co](mailto:bcca@billingschildcare.co)

**Great Falls Day Care Association**

Gloria Dotseth  
1125 2<sup>nd</sup> Ave North #7  
Great Falls, MT 59401  
Phone 761-7678  
[gfcacfp@bresnan.net](mailto:gfcacfp@bresnan.net)

**Butte Community Coordinated Child Care**

Lorena Krause  
101 N Main St  
Butte, MT 59701  
Phone 723-4019  
1-800-794-4061  
[lkrause@butte4-cs.org](mailto:lkrause@butte4-cs.org)

**Hi-Line Home Programs**

Denise Herman  
605 Third Ave S.  
Glasgow, MT 59230  
Phone 228-9431  
1-800-659-3673  
[denise@hilinehomeprograms.org](mailto:denise@hilinehomeprograms.org)

**Child Care Connections**

Suzanne Roth  
1143 Stoneridge Drive Suite 1  
Bozeman, MT 59718  
Phone 587-7786  
1-800-962-0418  
[Suzanne@bozemanccc.org](mailto:Suzanne@bozemanccc.org)

**The Nurturing Center**

Ashley Willis  
146 3rd Ave W  
Kalispell, MT 59901  
Phone 756-1414 / 800-204-0644  
[ashley@nurturingcenter.org](mailto:ashley@nurturingcenter.org)

**Child Care Resources**

Claudette Barber  
500 N Higgins, Suite 202  
Missoula, MT 59802  
Phone 728-6446  
1-800-728-6446  
[claudette@childcareresources.org](mailto:claudette@childcareresources.org)

**Willow Creek Nutrition Program**

Jacque Young  
318 North Last Chance Gulch Ste 2C  
Helena, MT 59601-5069  
Phone 431-4417  
[jacque@willowcreeknutrition.org](mailto:jacque@willowcreeknutrition.org)

**District 7 HRDC**

Danielle Bogunovich  
7 North 31st Street,  
PO Box 2016  
Billings, MT 59103-2016  
Phone 247-4710  
1-800-433-1411  
[dbogunovich@hrdc7.org](mailto:dbogunovich@hrdc7.org)

**Child and Adult Care Food Program**

PO Box 202925  
Helena, MT 59620-2925  
Toll Free: 888-307-9333  
Fax: (406) 444-2547