RIDE Child Nutrition Program
Annual Sponsor Updates (return even if no changes)

Sponsor Name: _____ Agreement #:_____

Contact Person for Annual Update: _____

Contact's Email: _____ Phone:_____

Check Program: NSLP ☐ CACFP ☐ SMP ☐ SFSP ☐

☐ **Check if No Change**	**Removing CNP Connect Users** List CNP Connect Users that are no longer employed or no longer need access to your CNP Account.

First Name	Last Name

☐ **Check if No Change**	**Adding New CNP Connect User Account** Complete one of the attached "Delegation of Authority" forms to add a staff member to your CNP Connect account.

☐ **Check if No Change**	**Closing Meal Sites** List Site(s) to be closed (as of October 1, 2017)

Site #	Site Name

☐ **Check if No Change**	**Opening New Meal Sites** List Site(s) to be added (as of October 1, 2017)		RIDE Only Site #
Official Site Name	Site Address City ZIP	Date Meals Begin:	
Official Site Name	Site Address City ZIP	Date Meals Begin:	
Official Site Name	Site Address City ZIP	Date Meals Begin:	
Official Site Name	Site Address City ZIP	Date Meals Begin:	

_____

Authorized Signature **Printed Name** **Date**