



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
STATEMENT OF AFFILIATION

A facility that participates in the Child and Adult Care Food Program (CACFP) as a not-for-profit agency shall have tax exempt status under the Internal Revenue Code of 1986.

This form must be completed only in cases where the facility applying for participation in the CACFP is affiliated with a larger organization that has been granted tax exempt status, but the name of the applicant is different than the name of the larger organization. This form verifies the legal connection between the applicant and the tax-exempt organization. A copy of the Federal Internal Revenue Tax Exempt Letter must be included with this form.

I verify that _____ is part of _____ which is
(NAME OF CENTER OR FACILITY) (NAME OF ORGANIZATION)
 tax exempt under the Internal Revenue Code of 1986.

SIGNATURE (AUTHORIZED REPRESENTATIVE OF TAX EXEMPT ORGANIZATION)	DATE
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TITLE

NAME OF TAX-EXEMPT ORGANIZATION

SIGNATURE (AUTHORIZED CENTER OR FACILITY CACFP REPRESENTATIVE)	DATE
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TITLE

NAME OF CENTER OR FACILITY

CONTRACT NUMBER (MDHSS USE ONLY)