

**Alabama State Department of Education
Child Nutrition Programs
Child and Adult Care Food Program
Federal Grant Closeout Form**

The highest-ranking official for the Child and Adult Care Food Program (CACFP) institution must complete this form and submit it to the Alabama State Department of Education (ALSDE) Child Nutrition Programs (CNP).

Section 1. Complete institution information.

Institution Name and Agreement #: _____

Address: _____

Highest-Ranking Official: _____

Email Address: _____

Section 2. Select the reason(s) for CACFP closeout.

No longer interested in program participation.

No longer eligible for program participation.

Please specify ineligibility: _____

Sold to another business.

Date of sale: _____ New Owner's Contact Information: _____

Does not meet the Performance Standards outlined in 7 CFR 226.6.

Select standard(s): Financial Viability Administrative Capability Program Accountability

Permanently closing business. Official business closing date: _____

Change from an independent center to a site under a Sponsoring Organization.

List the new sponsor's business name and agreement #: _____

Section 3. Provide program information.

Last claim month/year: _____

Equipment inventory submitted: ☒ YES ☐ NO

Reminder: All records to support claims must be retained for a period of three years after the date of submission of the final claim for the fiscal year to which it pertain; except that if audit findings have not been resolved, the records must be retained beyond the end of the three year period for as long as may be required for the resolution of the issues raised by the audit [7 CFR 226.10(d)].

Contact Person for CACFP Records: _____ Birthdate: _____

Employer/position/title: _____ Phone: _____

Address where records will be retained: _____ State: _____

City: _____ Zip: _____ Email Address: _____

Signature: _____ Date: _____
(Highest-Ranking Official)

Printed Name: _____

Section 4. ALSDE Official Use Only.

ALSDE Education Specialist: _____ Date Received: _____

Termination Date: _____ Date of Institution Confirmation: _____

- ☒ All required documents submitted for closeout.
- ☐ Claims and required program payments finalized.
- ☐ Online program application closed.
- ☐ Administrative Review has been successfully closed.
- ☐ Reassignment of transferrable CACFP equipment, if applicable