|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services****Summer Food Service Program (SFSP) and Child and Adult Care Food Program (CACFP) Bond Waiver Request** |

|  |  |
| --- | --- |
| Sponsor Name |       |
| Sponsor RP/I |       |
| Years of SFSP Participation |       |
| Years of CACFP Participation |       |
| Last Monitoring Report |       |

Have you or your organization ever been declared SD: Yes [ ]  No [ ]

|  |
| --- |
| If yes please provide an explanation: |
|       |

|  |  |
| --- | --- |
| Amount of Money Owed to TDHS |       |

I certify that my organization and I are currently an SFSP Sponsor with a current, valid agreement in good standing with TDHS and that my organization and I are exempt from the Bonding requirement as required by T.C.A. in Public Chapter 798.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of RP/I Date

Bond Waiver Approved: [ ]

Bond Waiver Denied: [ ]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DHS Signature Date