

100 North First Street, W-270
Springfield, Illinois 62777-0001

NUTRITION DEPARTMENT

DIRECTIONS: To change the information on your WINS application, please provide the correct information below along with a letter on organization letterhead, signed by the Authorized Representative detailing the current information and the requested changes. Email completed form(s) to **CACFP** at cnp@isbe.net, or FAX to the attention of CACFP at (217) 524-6124.

AGREEMENT NUMBER (RCDT#)	FORM SUBMITTED BY
EMAIL	DATE

SPONSOR CHANGES	CURRENT INFORMATION IN APPLICATION	CHANGE REQUESTED
Institution Sponsor Name		
Institution FEIN		
Institution DUNS		
Mailing Address		
Physical/Delivery Address		

Authorized Representative Name (First & Last)		
Date of Birth (required)		
Title (e.g., Owner, Director, CEO)		
Telephone (Include Area Code/Ext.)		
Fax (Include area code)		
Email		

Executive Director		
Date of Birth (required)		
Telephone (Include Area Code/Ext.)		
Fax (Include area code)		
Email		
Telephone (Include Area Code/Ext.)		
Mailing Address		

Chairperson of the Board		
Date of Birth (required)		
Telephone (Include Area Code/Ext.)		
Fax (Include area code)		
Email		
Mailing Address		

SITE CHANGES	CURRENT INFORMATION IN APPLICATION	CHANGE REQUESTED
Site Number		
Facility Name		
Mailing Address		
Physical/Delivery Address		