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

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| --- | --- |
| 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: |
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| --- | --- |
| 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.

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Signature of RP/I Date

Bond Waiver Approved:

Bond Waiver Denied:

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DHS Signature Date