North Carolina Department of Health and Human Services
Nutrition Services Branch-Simplified Summer Food Program

Sponsor Name: _____ **SFSP Agreement Number: _____**
Address: _____ **City: _____** **Zip: _____**

ADA Amendments

SITE Name	Site Address	Current ADA	New ADA		SITE Name	Site Address	Current ADA	New ADA

***** Attach or fax along with this form the last 5 days of daily meal count forms**
***** Private non-profit sponsors may not serve more than 300 children without prior approval from the State Agency**

Check One: (Experienced school sponsors are exempt)

- ☐ THE BUDGET **IS NOT** AFFECTED BY THE ABOVE ADJUSTMENT(S)
- ☐ THE BUDGET **IS** AFFECTED BY THE ABOVE ADJUSTMENT(S) AND THE REVISED BUDGET HAS BEEN **SUBMITTED IN NC CARES**

I certify that with any adjustment(s) to the Average Daily Attendance (ADA), adequate staff have been trained to perform all responsibilities and duties of the Simplified Summer Food Program. I understand that meal reimbursement is unauthorized until approval has been granted by the State Agency.

_____ _____
Signature of Sponsor **Date**

_____ _____
State Agency Approval **Date**

For State Agency use only:

- ☐ **Changes approved, proceed with changes and enter into NC Cares**
- ☐ **Changes denied, please provide more information**

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