

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

SFSP Agreement Number _____

Sponsor Name: _____

Address: _____

City: _____ Zip: _____

Change Meal/Meal Service Times

Meal Service	Site Name	Approved	Revised
		Beginning/Ending	Beginning/Ending

Change in Days of Operation

Site Name	Approved Days of Operation	Revised Days of Operation

Explanation:

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 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 the following information
