

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

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

****If adding a site(s), provide a completed training agenda (including dates and topics and site/sponsor agreement)**

Site Addition/Deletion				Eligibility Information	
Add	Delete	Site Name	Address	School Name/Census Data	Total % Needy

***Attach pre-operational visits for all new sites* Census Eligibility- Attach Documentation**

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 WILL BE SUBMITTED IN NC CARES

Explanation for adding or deleting site/s: _____

I certify that with additions of new site(s), adequate staff has been trained to perform all responsibilities and duties of the Simplified Summer Food Service 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: <input type="checkbox"/> Changed approved, proceed with changes and enter into NC Cares <input type="checkbox"/> Changes denied, please provide the following information _____
