North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Nutrition Services Branch
Special Nutrition Programs
Summer Food Service Program
Address and Average Daily Attendance Transmittal

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

Site Name	Current Site Address	New Address	Meal Type	Current ADA	New ADA

***** Attach or fax along with this form the last 5 days of daily meal count forms**
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**

_____