

**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**  
**Meal and Operational Changes Transmittal**

**Sponsor Name:** \_\_\_\_\_ **Agreement Number** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Dates of Operation /Number of Days			Meal Preparation Change	
Site Name	New dates of operation	New number of days- indicate month	Old	New

**## If vended, attach your SFA/FSMC contract with each meal preparation change that requires the sponsor to contract with either a SFA or FSMC.**

**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:

- Changed approved, proceed with changes and enter into NC Cares
- Changes denied, please provide the following information

\_\_\_\_\_