

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
Site Addition and Deletion Transmittal

Sponsor Name: _____ Agreement Number _____

Address: _____ City: _____ Zip: _____

****If adding a site(s), provide a completed training agenda (including dates and topics) a site certification single exclusive SFSP agreement, site certification regarding dual participation, and the sponsor/site agreement**

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

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
