

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

Sponsor Name: _____
Address: _____

SFSP Agreement Number: _____
City: _____ Zip: _____

ADA Amendments			Racial/Ethnic Data Changes					
SITE	FROM	TO	Amer. Ind. or AK Native	Asian	Black or African Amer.	Hispanic or Latino	White	Native Hawaiian Pacific Is.

*** Attach or fax along with this form the last 5 days of daily meal count forms
*** Private non-profit sponsors may not serve more than 300 children without prior approval from the State Agency

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

<p>For State Agency use only:</p> <p><input type="checkbox"/> Changes approved, proceed with changes and enter into NC Cares</p> <p><input type="checkbox"/> Changes denied, please provide more information</p> <p><input type="checkbox"/> _____</p>
