# SUMMER APPLICATION/AGREEMENT ADDENDUM or AMENDMENT

**ANY Changes to APPROVED Application information must be sent to**

**Child and Adult Nutrition Services**

|  |  |  |
| --- | --- | --- |
|       |  | requests to amend our Summer Application/Agreement |
|  (sponsor name) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| at |       |  |
|  |  (site name/s) |  |
|  |  |  |  |  |  |  |  |
| We wish to amend: |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Open sites ONLY –** Accommodation for age/grade groups  |       SBP K-12 |
|  |  |  |  |  |  |  |  |
|  | **Justification (explain)** |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|       |  |  |  |
| Date |  | Signature of Authorized Representative |  |

##### CANS USE ONLY

 \_\_\_\_\_ Approved

 \_\_\_\_\_ Denied Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_