Please fax completed form to **517-373-4022.** Approval of this request is contingent upon compliance with applicable federal regulation. Michigan Department of Education must receive this form not less than 24 hours prior to the proposed implementation of the requested changes(s). Requests that are not received in compliance with the 24-hour time frame mentioned above are subjec to denial. If 24 hours notice of change cannot be given due to an emergency, please notify MDE as soon as possible **at 517-373-3347.** KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

SFSP SITE CHANGE FORM

Name of Sponsor

Agreement #

Name of Site

Site #

REQUEST TYPE (Check all requested changes.)		CURRENT INFORMATION (Complete this section for each box checked in the REQUEST TYPE column.)	REQUESTED CHANGE Complete this section for each box checked in the REQUEST TYPE column.)	Perm	Temp	EFFECTIVE DATE OF CHANGE (Complete for each change requested.)
OPERATING DATES	☐			☐	☐	
TEMPORARY CLOSING	☐			☐	☐	
TYPE OF MEAL SERVICE	☐			☐	☐	
MEAL SERVICE TIME	☐			☐	☐	
APPROVED MAX. MEALS (CAP)	☐			☐	☐	
OTHER - Specify	☐			☐	☐	

DIRECTIONS: Complete only those rows for which changes are requested. All other information approved on the original SFSP application will remain in effect.
PERMANENT/TEMPORARY - Indicate whether changes is permanent (PERM) or temporary (TEMP).

CERTIFICATION: In requesting permission for the above changes, I certify that all SFSP rules, which may be affected by this change, have been taken into consideration prior to this request.

Print Form

reset button

Date_____

Fax no. 517-373-4022