

ILLINOIS STATE BOARD OF EDUCATION

Nutrition and Wellness Programs Division

100 North First Street, W-270

Springfield, Illinois 62777-0001

SFSP CHANGE REQUEST FORM

Directions: To change the information on your WINS application, please provide the correct information below. Items with an “*” are required. Items with a “1” are required if making a change in this section. **Changes in first section must be accompanied by letter on organization letterhead, signed by current authorized representative.** Please submit this completed form via e-mail to ATTN: Summer Food cnp@isbe.net or fax to Summer Food Program, 217-524-6124.

	Current Information in Application	Change Requested
Agreement Number *		
Institution Sponsor Name*		
Physical Address		
Mailing Address		
Authorized Representative First Name		
Authorized Representative Last Name		
Title (e.g., Owner, Director, CEO)		
Telephone (Include area code)		
Telephone Extension		
Fax (Include area code)		
E-Mail		
Date of Birth ¹		

Contact Person - First Name		
Contact Person - Last Name		
Telephone (Include area code)		
Telephone Extension		
E-Mail		
Date of Birth ¹		

	Current information in WINS	Change Requested
Site Number		
Physical Address		
Mailing Address		
Contact Person		
Business Telephone (Include area code)		
Cellular (Include area code)		
Fax (Include area code)		
E-Mail		
Other Information		