

**NUTRITION DEPARTMENT**

**DIRECTIONS:** To change the authorized representative on your WINS application, please provide the correct information below along with a letter on organization letterhead, signed by the authorized representative detailing the current information and the requested changes. Please submit the form and completed letter via email to [summermeals@isbe.net](mailto:summermeals@isbe.net) or fax to the attention of SFSP at 217-524-6124.

AGREEMENT NUMBER/RCDT	SPONSOR NAME
PHYSICAL ADDRESS (City, State, ZIP Code)	
MAILING ADDRESS (City, State, ZIP Code)	

	CURRENT INFORMATION IN WINS	CHANGE REQUESTED
Authorized Representative First Name		
Authorized Representative Last Name		
Title (e.g., Director, CEO)		
Business Phone (Include area code)		
Phone Extension		
Fax (Include area code)		
Email		
Date of Birth		

FORM SUBMITTED BY	DATE	EMAIL
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