

Inactivate Site(s) Programs Request

Instructions: Complete and submit form to Oregon Department of Education Child Nutrition Programs (ODE CNP). Prior to inactivation of any site, Sponsors must revise the Site Information sheet in CNPWeb, uncheck any months after the last month meals will be claimed and submit the sheet(s) for approval.

Section 1: Sponsor Information

Date: _____ Sponsor Number: _____

Sponsor Name: _____

Section 2: Submission Information

Submitted by: _____

Position: _____

Email: _____

For each site listed, indicate which program(s) are to be inactivated:

School Nutrition Programs= SNP (NSLP, SBP, SSO, SMP); Child & Adult Care Food Program= CACFP; Summer Food Service Program= SFSP

Site Name	Site Number	Last Month Meals will be claimed	Programs to be inactivated	ODE Use Only*
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>
			<input type="checkbox"/> SNP <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	<input type="checkbox"/>

ODE USE ONLY	
Specialist Inactivate Site Sheet (initial/date): SNP: _____ CACFP: _____ SFSP: _____	
Site(s) inactivated in CNPweb System Administrator* Check box in ODE Use Only column when site(s) is inactivated (initial/date)	Filed Support Staff (initial/date)