Oregon Department of Education 255 Capitol Street NE Salem, OR 97310 Child Nutrition Programs
Submit completed form via email to:
ode.cnp@ode.oregon.gov

Add Site / Modify Site Information

Instructions: Complete and submit this form to the Oregon Department of Education Child Nutrition Programs (ODE CNP) for any of the following:

- Add Site The organization is adding a completely new site to Child Nutrition Programs (CNP). The
 Add Site option is selected only if this site is not currently a site under any other program; NSLP/SBP,
 CACFP or SFSP.
- Modify Site The organization is adding an existing CNP site to a different program. For example, a site already operates NSLP/SBP and will now operate CACFP as well.

The organization is changing the name of an existing site.

Section 1: Sponsor	r Information		
Date:		Sponsor Number:	
Sponsor Name:			
Section 2: Site Info	rmation		
Please select from the f	ollowing options:	Add Site	☐ Modify Site-Site #
Site Type: Public	Private for Profit	Private Nonprofit	Tribal
Program(s) to be operat	ted at this site:		
School Nutrition Progra	ıms Site Child & Adı	ult Care Food Program	Summer Food Service Program
lame:			

(Street address, city, zip code)

Section 3: Legislative District Information (for Add Site forms only)

New sites entered into the CNPWeb require Congressional, House and Senate District information. Please use the website below to enter the site address and enter each district number in the spaces provided. (Add Site forms will not be processed without this legislative information)

Website to find district information Oregon's Legislature Lookup page.

Congressional District	State House District	State Senate District	

ODE Site Institution ID: _____

Site Name Change: (if applicable) _____

Site Address: __

County: ____

Form is required. Forms are located on <u>USDA Foods website</u> , under "USDA Foods Program Resources"					
Section 4: Subr	mission Inforn	nation			
Submitted by:					
Position:					
Email:					
			on sheet can be completed in CNPweb. m can be submitted for this site.		
Specialist Approval (initial/date):	SNP:	CACFP:	SFSP:		
			SFSP:		
(initial/date):	fy existing CNPwo		SFSP:		
(initial/date): ☐ Add site ☐ Modi	fy existing CNPwe		SFSP:		

**To Add/Modify a Food Distribution Delivery Location, a USDA Foods Delivery Location Request