



Changes to Original Plan / Equipment Justification

Submit changes to:
Mississippi Department of Education
Office of Child Nutrition
Attention: Tina Thomas
PO Box 771
Jackson, MS 39205-0771
Fax: 601-354-7595

For questions regarding the FFVP grant, contact:
Office of Child Nutrition at 601-576-4955

BASIC INFORMATION—Must Complete this Section

School District		School Name
Mailing Address	City	State and Zip Code

STAFFING INFORMATION—Must Complete this Section

Name and Position of FFVP Program Coordinator		
E-Mail Address	Phone Number	FAX Number

CHANGES TO PROGRAM IMPLEMENTATION PLAN—Complete if making changes

CHANGE <input type="checkbox"/>	PRIOR SERVING TIME	NEW SERVING TIME
CHANGE <input type="checkbox"/>	PRIOR SERVING LOCATION	NEW SERVING LOCATION
CHANGE <input type="checkbox"/>	PRIOR COORDINATOR	INDICATE NAME AND CONTACT INFORMATION FOR NEW COORDINATOR IN STAFFING INFORMATION SECTION ABOVE
CHANGE <input type="checkbox"/>	PRIOR DAYS FFVP SERVED	NEW DAYS FFVP SERVED
CHANGE <input type="checkbox"/>	OTHER REQUESTED CHANGE (Please describe)	

REQUEST TO PURCHASE EQUIPMENT—Complete if planning to purchase equipment (administrative expense)

Describe what type of equipment you need to purchase

Justify the need for this equipment

Describe who will use this equipment and how it will be dedicated to FFVP

SIGNATURES

Printed name and position of person requesting change	Signature	Date
STATE AGENCY AUTHORIZATION Approved Denied	Signature	Date