



SNAP-Ed Site Change Form

Section A. Local Implementing Agency (LIA) Site Notification: Add <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/>	
(1) County Jurisdiction:	
(2) Name of LIA initiating site change (i.e.: CDPH LHD; UCCE, etc.):	
(3) Primary Contact Name:	(4) Primary Contact Phone Number:
(5) Name of all SNAP-Ed LIA Partners within County Jurisdiction:	(6) Consensus on Site Change(s) Reached and Approved by SNAP-Ed Partners
1.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(7) LIA requesting change has contacted and received technical assistance from State Implementing Agency (SIA) Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(8) Additional Information (if applicable, may attach a separate sheet):	
(9) SNAP-Ed Work Plan Targeting Summary Update Spreadsheet Completed and Attached (Required) <input type="checkbox"/>	
FOR CDSS SITE CHANGE COORDINATOR ONLY:	
Date received: _____ Receipt acknowledged date: _____ Additional information needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Information Needed: _____	
If additional information needed, Date requested: _____	

Section B. Request to Use a New Alternative Site Methodology: Single Event <input type="checkbox"/> On-going Services <input type="checkbox"/>	
(1) Please specify site location and address:	
(2) Alternative Methodology Used:	
(3) Describe and justify the new "Alternative Methodology" (Provide documentation on a separate attachment if needed as part of the justification)	(4) SIA contact consulted using an alternative method for this site? Yes <input type="checkbox"/> No <input type="checkbox"/>
(5) SNAP-Ed Work Plan Targeting Summary Update Spreadsheet Completed and Attached (Required) <input type="checkbox"/>	
FOR CDSS SITE CHANGE COORDINATOR ONLY:	
Date received: _____ Receipt acknowledged date: _____	
Alternative Methodology Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Additional information needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Information Needed: _____	
If additional information needed, Date requested: _____	

Instructions on how to fill out the form

Section A. Local Implementing Agency [Must be completed for all submissions]

- 1) Check the box that signifies the type of site change completed through this form under Section A. Heading. If multiple changes are being made, check all that apply. Complete Section A thoroughly as noted below:
 - 1-4 Include the County Jurisdiction, LIA(s) initiating the site change and primary contact information.
 - 5 Include names of all SNAP-Ed LIA partners within the County Jurisdiction.
 - 6 Check the box that signifies consensus has been reached and approved by each of the LIAs.
 - 7 Check the box that signifies that the SIA has been contacted and technical assistance has been given regarding site change(s).
 - 8 Any additional information the LIA feels is appropriate to this site change request should be included under Section A.8.
 - 9 Check the box that signifies you have completed and attached the required **SNAP-Ed Work Plan Targeting Summary Update Spreadsheet**. **All forms must be attached prior to submission to the CDSS Site Change Coordinator.**
- 2) The CDSS Site Change Coordinator will review all documents received through the CalFreshSNAP-Ed@dss.ca.gov email box and complete the bottom portion of Section A once that process is completed.
- 3) **Note:** If you are proposing a new alternative methodology for qualifying your site, **Section B** must also be completed and submitted along with **Section A** as part of this process and prior to emailing the CDSS Site Change Coordinator.

Section B. Site Request to Use a NEW Alternative Site Method

Note: Section B only required for agencies requesting CDSS to review and approve an Alternative Site Qualification Method.

*"Alternative Qualifying Sites" sites require a "case by case" review if they warrant qualification based on additional criteria other than CDE FRPM or Census information. Strong justification for approval must be included in this request. **The LIA cannot use the intervention site for SNAP-Ed until after approval is received. No provisional approval is allowed for alternative targeting sites.***

- 1) Check the box that indicates whether this request is for a **single event** or **on-going** intervention site under Section B. Heading. Complete Section B thoroughly as noted below:
 - 1 Please specify the site location and address information for which the alternative site method will be utilized under Section B.1.
 - 2 The type of alternative methodology used for qualifying this site is to be identified under Section B.2. Include justification for the "Alternative Methodology" noted under Section B.3.
 - 3 Describe and justify the alternative methodology used to qualify site under Section B.3. Please be specific and attach documentation if needed as part of the justification. It must include the name, address and type of intervention along with details of how interventions at this site will reach 50 percent or greater of the population at or below 185% of the federal poverty level. Include whether it is for a single event or on-going intervention site. Include in the justification why no other site can be used for the intervention and how it relates to the overall work plan.
 - 4 Please indicate if the SIA has been consulted regarding the use of the alternative method noted under Section B.3.
 - 5 Check the box that signifies you have completed and attached the required **SNAP-Ed Work Plan Targeting Summary Update Spreadsheet**. If further documentation is required to describe or justify the alternative methodology, that should be provided as well as a separate attachment. **All forms must be attached prior to submission to the CDSS Site Change Coordinator.**
- 2) For agencies requesting review and approval on the use of an alternative site qualification method, the CDSS Site Change Coordinator will review all documents received through the CalFreshSNAP-Ed@dss.ca.gov email box and complete the bottom portion of Section B once that process is completed.

Emailing Instructions:

Once **Section A** and **Section B** (if applicable) are completed, attach the **SNAP-Ed Site Change Form** and the completed **SNAP-Ed Work Plan Targeting Summary Update Spreadsheet** in an email addressed to the CDSS Site Change Coordinator at CalFreshSNAP-Ed@dss.ca.gov. Be sure to "cc" ALL SIA Contacts, Work Plan Coordinators, and LIAs in your jurisdiction in this email. When emailing to the CDSS Site Change Coordinator, include the following information on the email heading as follows:

Email Heading:	
From:	[Name of Initiating LIA County Contact]
To:	[CDSS Site Change Coordinator [CalFreshSNAP-Ed@dss.ca.gov]
Cc:	[SNAP-Ed LIA Partners within the county jurisdiction]; [SIA Contacts within the county jurisdiction]; [County Work Plan Coordinator within the county jurisdiction]
Subject:	Site Change Notification: (County Name) [If completing Section A only] or Site Change Notification/Alternative Site Method Request: (County Name) [If completing Section A and Section B]