

State of Alabama  
Department of Education – Child Nutrition Programs  
**Summer Food Service Program**  
Sample Health Department Letter

*Federal regulations (7 CFR 225.16) require that sponsors notify the local health department of site locations and meal service times. You must be able to document that you've contacted the health department. Letters to Health Departments should be on the organizational letterhead. A sample letter is provided below. Submit to the state agency one copy of the letter you sent to each local health department. Keep a copy of the letter(s) in your files. Each time you add a new site, update your list, and resubmit letter and new site information to the local health department.*

**Sample Letter**

Date: \_\_\_\_\_

Health Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

Dear Sir or Madam:

The Summer Food Service Program (SFSP) is a Federal Program funded by the U. S. Department of Agriculture. The Program was created to ensure that children receive nutritious meals during summer vacation when they do not have access to school breakfast and lunch. Federal regulations (7 CFR 225.16) require that a sponsor notify the local health department of site locations and meal service times; and further requires that sponsors make application for a permit to operate all sites. The (SFSP) sponsored by the \_\_\_\_\_ will begin serving meals on \_\_\_\_\_.

(Date)

(Organization Name)

Meals will be prepared and delivered from the following location:

Name of central Kitchen/Prep-site/Vendor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Street Address, City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Meals will be served at the following locations and times:

Operating Dates: _____ to _____ Site Name: _____ Address: _____ Breakfast Meal Time: from _____ to _____ Lunch Meal Time: from _____ to _____ Snack Meal Time: from _____ to _____ Supper Meal Time: from _____ to _____	Operating Dates: _____ to _____ Site Name: _____ Address: _____ Breakfast Meal Time: from _____ to _____ Lunch Meal Time: from _____ to _____ Snack Meal Time: from _____ to _____ Supper Meal Time: from _____ to _____	Operating Dates: _____ to _____ Site Name: _____ Address: _____ Breakfast Meal Time: from _____ to _____ Lunch Meal Time: from _____ to _____ Snack Meal Time: from _____ to _____ Supper Meal Time: from _____ to _____
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For a list of any additional sites, please see attachment.

Sincerely,

\_\_\_\_\_  
Program Contact Signature

\_\_\_\_\_  
Phone Number