

**State of Alabama
 Department of Education-Child Nutrition Programs
 Summer Food Service Program
 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 the local health department should be on the organization's letterhead. Submit a copy of this form to the local health and to the state agency. Please keep a copy of the letter(s) in your files as well. Each time you add a new site, update your list and resubmit this letter containing the new site information to the local health department. Remember to send a copy of the revised letter to the state agency.

Organization Name: _____ Date: _____

Health Department Name: _____ County: _____

Address: _____ City: _____ Zip Code: _____

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; further requirements mandate that sponsors make application for a permit to operate all sites. _____
 will begin serving meals on _____ (Date) _____ (Organization)

Meals will be prepared and delivered from the following location:

Name of Self-Prep Site/Central Kitchen/Vendor: _____ Contact Person: _____

Address: _____ Phone Number: _____

Meals will be served at the following locations and times:

Site Name: _____ Address: _____ _____ Operating Dates: _____ to _____ Breakfast Meal Time: _____ to _____ Lunch Meal Time: _____ to _____ Snack Meal Time: _____ to _____ Supper Meal Time: _____ to _____	Site Name: _____ Address: _____ _____ Operating Dates: _____ to _____ Breakfast Meal Time: _____ to _____ Lunch Meal Time: _____ to _____ Snack Meal Time: _____ to _____ Supper Meal Time: _____ to _____	Site Name: _____ Address: _____ _____ Operating Dates: _____ to _____ Breakfast Meal Time: _____ to _____ Lunch Meal Time: _____ to _____ Snack Meal Time: _____ to _____ Supper Meal Time: _____ to _____
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Program Contact Signature

Phone Number