

EXHIBIT 2 2010 LETTER TO PARENTS Summer Feeding Programs

Dear Parent/Guardian:

Providing nutritious meals to children participating in a summer feeding program is a growing challenge and requires our taking advantage of all available funding resources. One of these resources is the cash reimbursement program for meals from the United States Department of Agriculture (USDA). These benefits are very helpful and aid us in providing better services to children. Thank you in advance for your support.

To assist our program in receiving these funds, please complete, sign, and return the Confidential Income Statement as soon as possible. Use only one form per household and be sure to list all family members. This information will be kept strictly confidential.

Check the chart below. Find your household size. A household is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. Now compare your total household income. Total household income is defined as the income each household member got before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income.

If your total household income is the same as or less than the amount on the chart or you receive basic food (formerly food stamps), take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children, fill out the Confidential Income Statement using the directions which follow.

In certain cases, foster children are eligible for free meals regardless of your income. If you have foster children living with you and want to apply for them, please contact us. A separate application must be completed for each foster child.

If your income is more than this, check "N/A" (part 5) on the Confidential Income Statement, sign it and return. (Complete parts 1, 2, and 6. Your social security number is not required.)

Income Eligibility Guidelines – Summer 2010

| Household Size | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly | What must be on the application? |
|---|----------|---------|-----------------|-----------------|--------|---|
| 1 | \$20,036 | \$1,670 | \$ 835 | \$ 771 | \$ 386 | <u>For those households not getting basic food (formerly food stamps)/TANF/FDPIR:</u> • Child's name • Names of all household members • Income by source for all household members • Social security number of the adult household member who signs the applications (or check the box if the adult signing does not have a social security number) • Signature of adult household member <u>For those households receiving basic food (formerly food stamps)/TANF/FDPIR:</u> • Child's name • Basic food, TANF, or FDPIR case number • Signature of adult household member <u>For those households with a foster child:</u> • Child's name • Child's personal use income • Signature of adult household member |
| 2 | 26,955 | 2,247 | 1,124 | 1,037 | 519 | |
| 3 | 33,874 | 2,823 | 1,412 | 1,303 | 652 | |
| 4 | 40,793 | 3,400 | 1,700 | 1,569 | 785 | |
| 5 | 47,712 | 3,976 | 1,988 | 1,836 | 918 | |
| 6 | 54,631 | 4,553 | 2,277 | 2,102 | 1,051 | |
| 7 | 61,550 | 5,130 | 2,565 | 2,368 | 1,184 | |
| 8 | 68,469 | 5,706 | 2,853 | 2,634 | 1,317 | |
| For each additional household member add: | + 6,919 | + 577 | + 289 | + 267 | + 134 | |

If your child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular meals provided at our site, we will make any substitution(s) prescribed by the doctor at no extra charge. Bring the doctor's note that prescribes the alternative foods needed and verifies special meals are needed due to the disability. This applies to food allergies as well.

PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send information to prove your child is eligible to receive free meals.

NONDISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). "USDA is an equal opportunity provider and employer."

Thank you for your cooperation.

Organizational Representative

Phone