SFSP Health Department Notification Letter

Month XX, 20XX

Sponsoring Organization Address City, State Zip

RE: Summer Food Service Program

Sponsoring Organization would like to inform you of our intention to sponsor the Summer Food Service Program (SFSP). The program is administered in Washington State by the Office of Superintendent of Public Instruction (OSPI), Child Nutrition Services. As a SFSP sponsor, we are interested in being classified as a **Donated Food Distribution Organization** (DFDO). Please let us know if there is any additional documentation required in order to obtain the DFDO classification.

Per federal regulation's Health Department notification requirements, below is a list of summer meal sites that we intend to operate.

Site Name Address	Dates of Operation Days of Operation	Meal Service Type(s) and Time(s)	Site Supervisor's Name Phone #

Meals for the above site(s) are prepared at the following facility:

Food Preparation Center Name and Address	Delivery Times & Comments	

Please feel free to visit the above locations any time during the SFSP operatio	n. OSPI Child Nutrition Services will email
you weekly with any of our SESP Schedule Revisions.	

•				
\	ın	ce	r 👝	11/

Name

SFSP Health Department Notification Letter