



100 North First Street, W-270
Springfield, Illinois 62777-0001

NOTIFICATION LETTER
TO GRASSROOTS
ORGANIZATIONS

NUTRITION DEPARTMENT

Instructions: Civil Rights Requirement—Enter the correct information found in parenthesis and in the chart below. Provide this information to grassroots organizations that interact directly with individuals who may benefit from your services. Grassroots organizations include advocacy organizations, community action programs, civic organizations, migrant groups, religious organizations, neighborhood councils, or other similar groups. This information can be communicated by Internet, newspaper article, radio and television announcements, letters, leaflets, brochures, or bulletins.

(Grassroots Organization's Name)

(Date)

(Organization's Address)

(City, State, ZIP Code)

Dear Sir or Madam:

This is to notify your organization that _____
(Name of CACFP Institution and Complete Address)
plans to participate in the Child and Adult Care Food Program (CACFP). CACFP is a Federal program that provides monetary reimbursement to facilities so they can offer healthier meals and snacks to children. CACFP plays a vital role in providing for the nutritional needs of children.

We plan to offer CACFP beginning _____, from _____ in a:
(Anticipated Begin Date) (Time Open - Time Close)

- ☐ Licensed child care center, Head Start, or Pre-K program
☐ Supervised before and/or after-school program
☐ Homeless shelter

Name and Addresses of Facilities:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

Please share this information with staff and parents associated with your organization. For further information regarding this program, please contact _____ at _____.
(Staff Member) (Telephone (Include Area Code))

Sincerely

(Title of Authorized Representative)

(Name of CACFP Institution)