
(Name of Health Department)

(Date)

(Street Address)

(City, State, and ZIP CODE)

Dear Madam/Sir:

_____ would like to inform you of our intention to sponsor the Summer Food Service Program (SFSP). The Illinois State Board of Education (ISBE) recommends that all Summer Food Service Program sites be inspected by the local health department prior to operation. Please contact _____ at _____ to arrange a date and time. Below is a list of summer meal sites that we intend to operate.

Site Name Site Address	Site Supervisor Name Phone Number	Meal Service Type and Time	Start Date/End Date Days of Week Operating

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

Name and Address of Food Preparation Center	Delivery Times and Comments

Please feel free to visit the above locations any time during the SFSP operation. ISBE will email you weekly with any of SFSP schedule revisions.

Sincerely,

(Authorized Sponsor Representative)