

**NOTIFICATION LETTER  
TO GRASSROOTS ORGANIZATIONS**

**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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Grassroots Organization's Name)

\_\_\_\_\_  
(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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) Fax: (202) 690-7442; or
- (3) E-mail: [program.intake@usda.gov](mailto: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)