# Instructions

Do **not** include these instructions with the participant notification. The sample participant notification is on page 2.

1. A copy of the participant notification to parents/guardians of enrolled children must be maintained in sponsor files and available for review upon request by the Connecticut State Department of Education.
2. You can personalize your participant notification by including information about your program. The number of years your organization has participated in the SFSP and the number of children who benefit from the program would make the participant notification more interesting to the reader.

For information on the SFSP, visit the Connecticut State Department of Education’s [SFSP](https://portal.ct.gov/SDE/Nutrition/Summer-Food-Service-Program) website. This document is available at <https://portal.ct.gov/-/media/SDE/‌Nutrition/SFSP/Participant_Notification_Closed_Enrolled_Sites_SFSP.docx>.

# Sample Participant Notification

The [**insert name of sponsoring organization**] announces its participation in the federally funded Summer Food Service Program (SFSP). Under the SFSP, nutritious meals are provided free of charge to children 18 years and under. Persons interested in receiving more information should contact:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sponsor name: | |  | | | | | |
| Sponsor address: | | |  | | | | |
| City: |  | | | State: |  | Sponsor phone: |  |

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, audiotape, 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/ad-3027.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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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| Signature of Authorized Representative |  | Date |