<Sponsor Letterhead>

Department of Health

State of Rhode Island

Attn: Catherine White

3 Capitol Hill

Providence, RI 02908

<Date>

To whom it may concern:

<Sponsor> will participate in the Summer Food Service Program with meal services at the following sites, dates, and times:

<Site Name> - <Dates of Service> - <Time of Service(s)> <Time(s) of Meal Delivery>

<Site Name> - <Dates of Service> - <Time of Service(s)> <Time(s) of Meal Delivery>

<Site Name> - <Dates of Service> - <Time of Service(s)> <Time(s) of Meal Delivery>

<Site Name> - <Dates of Service> - <Time of Service(s)> <Time(s) of Meal Delivery>

Meals for these sites will be prepared by <Name of Food Vendor (if applicable)> at <Food Preparation location name & address>. The Certified Food Safety Manager at this site will be <Name of RIDOH Certified Food Safety Manager> and they can be contacted at <Phone Number and Email Address of RIDOH Certified Food Safety Manager>.

The planned menu for each meal period indicated above is enclosed with this letter. <Enclose Menus>

If you have any questions regarding this program, please contact <name of Sponsor contact> at <contact information>.

Sincerely,

<Name & Contact Info>