[School's Letterhead]

[Insert Sponsor Name]
[Insert Street Address]
[Insert City, State Zip Code]

[Insert Date]

[Insert Health Department Contact's Name, Title]
[Insert Name of Health Department]
[Insert Street Address]
[Insert City, State Zip Code]

[Find local health department contact information here]

Dear [Insert Health Department Contact's Name]:

We plan to sponsor a food service program this school year under the USDA's National School Lunch Program. The program will operate at the following site(s):

[Insert school's name]
[Insert street address]
[Insert city, state zip code]
Beginning Date:[Insert first day of school year]
Ending Date:[Insert last day of school year]

[Insert school's name]
[Insert street address]
[Insert city, state zip code]
Beginning Date:[Insert first day of school year]
Ending Date:[Insert last day of school year]

In accordance with USDA regulations, we ask that you inspect these sites twice per year to ensure that they meet local standards.

If you have any questions, please contact my office at [Insert school official's phone number].

Sincerely,

[Insert School Official's Name, Title]
[Insert Sponsor Name]