



**HAPPY HELPINGS: GEORGIA'S SUMMER FOOD SERVICE PROGRAM
PUBLIC RELEASE CERTIFICATION
Open Migrant and Open Sites**

Original Update Date of Revision _____

Sponsors are required to send public releases to the media located in the area where the site(s) draws its attendance. Include a list of all approved sites with their location, dates of operation, serving times and the non-discrimination statement. The Press Release should be on the organization letterhead, a sample is provided below. Keep a copy of the public releases sent to the media.

This certifies that the following media outlets received a Press Release containing the information in the Sample below.

Name of Media Outlet	Date of Scheduled Release		Name of Media Outlet	Date of Scheduled Release

Press Release Sample

The DeKalb County Recreation *Department* is participating in the Summer Food Service Program. Meals will be provided to all children without charge. Acceptance and participation requirements for the program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at all sites listed on the attached form showing the specified start and end times for meals (Include Attachment C-3).

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

This institution is an equal opportunity provider.

I certify that the Public Release sent to the above media outlets included all the information required for the Public Release; including a complete listing of all current sites and meal times and the non-discrimination statement. In addition, I certify that all children are served the same meals and that there is no discrimination in the course of the food service and the meals served are free at all sites.

Rosemary McGrue *Rosemary McGrue* 2/12/2025
Signature of Sponsor Representative Date



Department of Recreation, Parks & Cultural Affairs

Chuck O. Ellis
Director

Chief Executive Officer
Michael Thurmond

Board of Commissioners
District 1
Robert Patrick

District 2
Michelle Long Spears

District 3
Vacant

District 4
Stephen Bradshaw

District 5
Mereda Davis Johnson

District 6
Edward Terry

District 7
Vacant

November 18, 2024

Dear Potential Site:

It is time to apply for the 2025 Summer Food Service Program (SFSP). By returning the completed application means you have chosen DeKalb County Department of Recreation, Parks, and Cultural Affairs to serve as your SFSP sponsor. Upon completion of your application, please it and all required documents to:

Rose McGrue
Mason Mill Recreation Center
1340 – B McConnell Drive
Decatur, GA 30033

If you have any questions, please contact Rose McGrue at (678) 698-1114, or by email rosemyrick@yahoo.com and/or rbmyrick@dekalbcountyga.gov.

NOTE: Please read and complete the application carefully. Refer to the attached instructions to assist you in completing the application. **May 16, 2025, is the deadline for submitting you application.** Please contact Rose McGrue if you experience problems, or questions in completing the application.

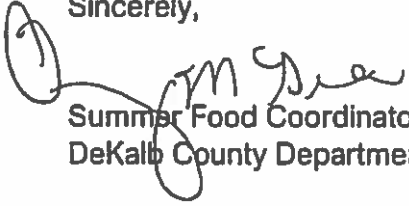
The following requirements are mandatory to participate in the program:

- A minimum of 35 children and/or youth must participate in your program.
- Training is mandatory for all staff that will be working with the Summer Food Service (SFSP) Program.
- The 2025 SFSP will run from June 2, 2025, to July 18, 2025.
- You will be responsible for providing meals for your children on any dates outside of June 2, 2025– July 18, 2025.
- New sites should prepare to stay in training for six (6) hours.
- Returning sites will participate in training for four (4) hours.

Any returning site that participated in 2024 must attend a new training class. Every worker from the returning site must remain in training to receive credit. Leaving early is not permissible.

With a new and improved menu for SFSP 2025, DeKalb County is looking forward to serving the nutritional needs of our children and youth.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. G. ...', is written over the typed name. The signature is fluid and cursive.

Summer Food Coordinator
DeKalb County Department of Recreation, Parks, and Cultural Affairs

SFSP SITE APPLICATION

Site Supervisor

Date Of Birth: M/ / D/ / Y/

Sponsor Name	Site Name	Agreement No.	Federal ID#	Fiscal Year
DeKalb County Recreation, Parks and Cultural Affairs		08025	58-6000814	2025
Address:		Name: (First & Last)		
Address 2:		E-Mail:		
City:		Daytime Phone:		
State:	Zip Code:	Alternate Phone:		
County:		Fax:		
Site Location/Type		Site Description (Choose the one that applies)		
<input type="checkbox"/> Indoor Site <input type="checkbox"/> Outdoor Site		<input type="checkbox"/> Church <input type="checkbox"/> Playground <input type="checkbox"/> Yard <input type="checkbox"/> Park <input type="checkbox"/> Recreation Center <input type="checkbox"/> Other _____		
<input checked="" type="checkbox"/> Open site using school data: Enter the estimated no. of free & reduced Children attending this site: <input type="text"/>		NAME OF SCHOOL WHICH SITE DRAWS ITS ATTENDANCE _____ <i>School Name</i> Free + Reduced _____ ÷ Enrollment _____ = Total _____ %		
<input type="checkbox"/> Restricted open site using school data: Enter site capacity: <input type="text"/>				
<input type="checkbox"/> Special restricted open site using school data: Enter No. of eligible participants: <input type="text"/>				
<input type="checkbox"/> Open site using census tract data (attach census tract data eligibility)				
<input type="checkbox"/> Open site using migrant organization information (attach documentation)				
<input type="checkbox"/> Open site using tribal information (attach documentation)				
<input type="checkbox"/> Closed enrolled site – Income applications are collected No. of enrolled participants: <input type="text"/> No. of eligible participants: <input type="text"/>				
<input type="checkbox"/> Residential Camp / Day Camp – Income applications are collected: Enter no. of enrolled participants: <input type="text"/>				
<input type="checkbox"/> National Youth Sports Program (NYSP) – (attach certification)				
Begin Date: (mm/dd/yy)		End Date: (mm/dd/yy)		

**SPONSOR/SITE AGREEMENT
FOR THE SUMMER FOOD SERVICE PROGRAM**

Name of site:

Address of site:

Site supervisor/State agency official:

Telephone:

The person named above agrees to:

Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).

Serve meals that meet the minimum meal pattern requirements.

Provide adequate supervision during the meal service.

Maintain and submit promptly such reports and records that the sponsor requires.

Report to the sponsor any changes in the number of meals required as attendance fluctuates.

Report any other problems regarding the meal services.

Comply with civil rights laws and regulations.

Attend sponsor training sessions.

Site Supervisor/State Agency Official

Date

Sponsor

Date



2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

**Child and Adult Care Food Program and Summer Food Service Program
Racial and Ethnic Data Individual Collection Form for Families**

This form may be completed by a parent or guardian. Collection of the racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing this information is voluntary. Your response or lack of response will not impact the participant's eligibility for meals. The data is kept confidential, accessible only to authorized personnel, and may be protected by the Privacy Act of 1974.

Instructions for completion: (Please Print)

- 1) In Section I, input the number of children in the household based on the two ethnic categories: a) of Hispanic or Latino origin; or b) not of Hispanic or Latino origin.
- 2) In Section II, input the number of children in the household by racial category based on the six categories listed.
- 3) The total number of children by ethnic category (Section I, Item C) and the total number by racial category (Section II, Item H) should be equal.

After completion, the participant, parent and/or guardian may return this form in-person to the Program site.

Section I.

Ethnic Category	Number of Children
A) Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino")	
B) Not Hispanic or Latino	
C) TOTAL NUMBER OF CHILDREN BY ETHNIC CATEGORY	

Section II.

Racial Category	Number of Children
A) American Indian/Alaskan Native (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimo))	
B) Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, for example Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam).	
C) Black or African American (A person having origins in the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American").	
D) Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).	
E) White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
F) Multiracial (A person having origins in two or more of the original peoples of Africa, Asia, Europe, Middle East, North America, or Pacific Islands).	
G) Number of Unknown Responses (Parent/guardian did not advise of a racial category)	
H) TOTAL NUMBER OF CHILDREN BY RACIAL CATEGORY	

I certify to the best of my knowledge and belief that the above information is collected in accordance with USDA guidelines and is accurate and complete. *A signature is not required for non-enrolled participants.*

Signature _____ Date _____

This institution is an equal opportunity provider.
Full Nondiscrimination Statement Link: <https://www.dccal.ga.gov/Nutrition-Default.aspx>



BRIGHT FROM THE START

Georgia Department of Early Care and Learning
 2 Martin Luther King Jr. Drive, SE
 Suite 754, East Tower, Atlanta, Georgia 30334

SFSP Field Trip & Closure Notification Form

Organization Name DeKalb County Recreation Department Agreement
 Number 08025

ONLY COMPLETE THE FIELD TRIP SECTION IF THE FIELD TRIP AFFECTS THE APPROVED MEAL TIMES AND LOCATION OF MEAL SERVICE AND IF THESE MEALS WILL BE CLAIMED FOR REIMBURSEMENT. You must ensure that all meals taken on field trips are maintained at the proper temperature. For open sites, trained personnel must remain on site to serve children not attending field trips. DECAL will review all requests and update the electronic application with approval. Sponsors will be contacted if additional information is needed. This form must be emailed or faxed to your Business Operations Specialist and uploaded in the *Attachment List* section of your current application in GA ATLAS at least three (3) calendar days before the field trip and/or closure date. Meals served on field trips without submitting notice to DECAL are not eligible for reimbursement.

Site Name <input type="checkbox"/> Check box if all sites are closed.	Dates Site(s) Closed Ex. 3/30/21 to 4/3/21	Field Trip or Reason Closed Ex. Holiday	Field Trip Destination	Meal Type Taken on Field Trip to be Claimed (Check the appropriate box) ADA (Indicate the estimated ADA for the field/trip) New Meal Time (Indicate only if meal time will change, Ex: 11:30-1:30)		DECAL Approval Date
				<input type="checkbox"/> Breakfast New Meal Time:	<input type="checkbox"/> Lunch New Meal Time: <input type="checkbox"/> ADA: <input type="checkbox"/> Supper	<input type="checkbox"/> ADA: <input type="checkbox"/> Snack New Meal Time:
				<input type="checkbox"/> Breakfast New Meal Time:	<input type="checkbox"/> Lunch New Meal Time: <input type="checkbox"/> ADA: <input type="checkbox"/> Supper	<input type="checkbox"/> ADA: <input type="checkbox"/> Snack New Meal Time:
				<input type="checkbox"/> Breakfast New Meal Time:	<input type="checkbox"/> Lunch New Meal Time: <input type="checkbox"/> ADA: <input type="checkbox"/> Supper	<input type="checkbox"/> ADA: <input type="checkbox"/> Snack New Meal Time:
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				<input type="checkbox"/> Breakfast New Meal Time:	<input type="checkbox"/> Lunch New Meal Time: <input type="checkbox"/> ADA: <input type="checkbox"/> Supper	<input type="checkbox"/> ADA: <input type="checkbox"/> Snack New Meal Time:
				<input type="checkbox"/> Breakfast New Meal Time:	<input type="checkbox"/> Lunch New Meal Time: <input type="checkbox"/> ADA: <input type="checkbox"/> Supper	<input type="checkbox"/> ADA: <input type="checkbox"/> Snack New Meal Time:
				<input type="checkbox"/> Breakfast New Meal Time:	<input type="checkbox"/> Lunch New Meal Time: <input type="checkbox"/> ADA: <input type="checkbox"/> Supper	<input type="checkbox"/> ADA: <input type="checkbox"/> Snack New Meal Time:

Date _____

Program Contact Signature

A handwritten signature in black ink, appearing to read "M. Green", is written over a horizontal line. There is a yellowish stain or smudge on the line to the right of the signature.

SFSP Field Trip & Closure Notification Form (cont'd)

Organization Name _____ Agreement Number _____

Site Name <input type="checkbox"/> Check box if all sites are closed.	Dates Site(s) Closed Ex. 3/30/21 to 4/3/21	Field Trip or Reason Closed Ex. Holiday	Field Trip Destination	Meal Type Taken on Field Trip to be Claimed (Check the appropriate box) ADA (Indicate the estimated ADA for the field trip) New Meal Time (Indicate only if meal time will change, Ex: 1:30-1:50)						DECAL Approval Date	
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
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				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
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				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
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				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		
				<input type="checkbox"/> Breakfast <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Lunch <input type="checkbox"/> Supper <small>New Meal Time</small>	ADA:	<input type="checkbox"/> Snack <small>New Meal Time</small>	ADA:		

Program Contact Signature _____ Date _____