**RIDE – Child Nutrition Programs**

**Summer Food Service Program**

**FY 2021 Media Release for Eligible Sites based on Meal Benefit Applications**

*For Use by SFSP Sponsors*

**Instructions:**

* SFSP Sponsors must issue a news release announcing the availability of free summer meals in the community in which they serve.
  + Complete the Media Release Tracking Sheet (below).
  + During the initial application process, submit to RIDE the completed Tracking Sheet and a copy of the news media release on your Sponsor stationary.
* Submit the news release to the local media for possible public announcement.
* If the media does not provide this service free, you are not required to pay for this announcement.
* Keep a copy of the Media Release Tracking Sheet and the completed media release. This will document that the release was sent to the media outlets.

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**Complete the Media Release Tracking Sheet form below.**

Media Release Tracking Sheet

|  |
| --- |
| Name of SFSP Sponsor:  Sponsor Address: |
| **Names of Local Media Outlets that news release was (will be) sent to and date submitted:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Record name of minority/grassroots organization to which news release was sent, and date:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Signature of Sponsor’s Representative) (Title) (Date Signed) |

**Instructions:**

The news media release (below) has been prepared for your use in order to comply with part 225.15 (e) of the USDA SFSP regulations. You may copy this statement (as applicable) for your program.

Additional information may be included; however, the release must contain the information below with the exception of the blue-highlighted paragraph regarding kick-off events, which should only be included as applicable.

## Name and Address of Sponsor

## NEWS MEDIA RELEASE (use Sponsor Stationary)

#### SUMMER FOOD SERVICE PROGRAM ANNOUNCED

[Your city’s name here in all caps] – With summer right around the corner, it’s time to think about keeping children healthy while school is out. [Your organization’s name] provides free meals to enrolled children during the summer.

This summer, meals will be available for all children enrolled in [insert your program’s name] from [insert dates]. For more information, contact [insert contact information here].

Meals will be available to all enrolled children, free of charge. Participating sites must demonstrate economic need by collecting income information for participants to demonstrate that at least 50% of the participating population meets the eligibility standards described below:

Must Include:

SUMMER FOOD SERVICE PROGRAM

ELIGIBILITY STANDARDS

July 1, 2020 – June 30, 2021

|  |  |  |  |
| --- | --- | --- | --- |
| FAMILY SIZE | YEARLY | MONTHLY | WEEKLY |
| 1 | $23,606 | $1,968 | $454 |
| 2 | $31,894 | $2,658 | $614 |
| 3 | $40,182 | $3,349 | $773 |
| 4 | $48,470 | $4,040 | $933 |
| 5 | $56,758 | $4,730 | $1,092 |
| 6 | $65,046 | $5,421 | $1,251 |
| 7 | $73,334 | $6,112 | $1,411 |
| 8 | $81,622 | $6,802 | $1,570 |
| For each additional family member: | +$8,288 | +$691 | +$160 |

Children who are members of SNAP or RI Works assistance households are automatically eligible to receive free meal benefits at eligible sites.

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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, audiotape, 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, 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) email: program.intake@usda.gov.

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