



THE CITY OF EAST ORANGE, NEW JERSEY
DEPARTMENT OF RECREATION AND CULTURAL AFFAIRS
1 FELLOWSHIP CIRCLE
EAST ORANGE, NEW JERSEY 07017

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MAYOR

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Afterschool Meals Program

Dear Potential New Site:

The City of East Orange Afterschool Meals Program is a USDA sponsored program geared to provide dinner and/or snacks to youth in at-risk programs. Our mission is to close the hunger gap for at-risk youth by providing nutritious healthy meals during the afterschool hours. To become a participating site, you will need to supply the following documents:

1. Certificate of Occupancy
2. Fire & Building Inspection Report
3. Health Sanitation Certificate
4. Attendance Zone Letter

Attached please find the template for the Attendance Zone Letter that must be printed on the local school or School District's Letterhead. When all documents are secured, please feel free to make an appointment to sign the program application, receive State approval and come on board.

We hope that you are able to join us in this venture together.

Sincerely,

Ravi Boze-Adams
Program Director-AMP

(Copy onto School Letterhead)

New Jersey Child and Adult Care Food Program
"AT-RISK" AFTER SCHOOL CARE PROGRAM

"AT-RISK" ATTENDANCE ZONE VERIFICATION LETTER

Our program participates in the Child and Adult Care Food Program (CACFP), which provides federal funding for the meals served to our participants. The CACFP requires each sponsoring organization operating an "At-Risk" After School Program to submit verification that the program facility is located in the attendance zone of a public school where at least 50 percent or more of the students are eligible for free or reduced-priced meals. Our agency depends on these federal funds, and your support is most vital and appreciated by preparing the following letter on your School's Letterhead completed with your signature.

Dear _____ :

The purpose of this letter is to verify the school attendance zone of the (NAME OF THE AFTERSCHOOL PROGRAM FACILITY).

I, (NAME OF SCHOOL OFFICIAL and TITLE OF SCHOOL OFFICIAL), certify that the (NAME OF THE "AT-RISK" AFTER SCHOOL PROGRAM FACILITY) located at (FULL ADDRESS OF THE "AT-RISK" AFTER SCHOOL PROGRAM FACILITY) is within the school attendance zone of the FULL NAME AND FULL ADDRESS OF SCHOOL.

Sincerely,

(PRINT NAME OF SCHOOL OFFICIAL), (TITLE)

(SIGNATURE)

(NAME OF SCHOOL)

For assistance preparing this document or additional information regarding "At Risk" After School Program, contact our Child and Adult Care Food Care Program Child Nutrition Specialist at (609) 984-1250.

TDWJ/13-At-Risk Attendance Zone Verification