



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
(404) 656-5957

Brian P. Kemp
GOVERNOR

Amy M. Jacobs
COMMISSIONER

Offer Versus Serve Option for School Food Authorities (SFA)

Offer Versus Served Option Applies to Which Program(s):	<input type="checkbox"/> CACFP	Agreement # _____
	<input type="checkbox"/> SFSP	Agreement # _____

Name of SFA: _____

Delegated Principal: _____

SFA's Address: _____

City: _____ State: _____ Zip Code: _____

Please select the option the SFA listed above will perform under CACFP and/or SFSP. The option selected applies to the current Program year and subsequent years unless the SFA provides written notification to Bright from the Start of any changes. Please Note: Selecting CACFP or SFSP with NSLP or SBP is not permitted.

<p>CACFP participants:</p> <p><input type="checkbox"/> CACFP Meal Requirements</p> <p><input type="checkbox"/> School Breakfast Program (SBP)</p> <p><input type="checkbox"/> National School Lunch Program (NSLP)</p> <p><input type="checkbox"/> School Breakfast Program OVS (SBP)</p> <p><input type="checkbox"/> National School Lunch Program OVS (NSLP)</p>	<p>SFSP participants:</p> <p><input type="checkbox"/> SFSP Meal Requirements</p> <p><input type="checkbox"/> School Breakfast Program (SBP)</p> <p><input type="checkbox"/> National School Lunch Program (NSLP)</p> <p><input type="checkbox"/> SFSP OVS Meal Requirements</p> <p><input type="checkbox"/> School Breakfast Program OVS (SBP)</p> <p><input type="checkbox"/> National School Lunch Program OVS (NSLP)</p>
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Program Contact/Principal Signature

Title

Date

Upon completion of this form, please submit by mail to ATTN: Applications Unit-Nutrition Services, Bright from the Start, 2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334; or by fax to (404) 651-7430.

Bright from the Start-Internal Use Only

Date Received: _____
Program Official Signature: _____
Title: _____