



**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 Serve 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.

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

_____	_____	_____
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 or email to your assigned Application Specialist:

- Paula Lawrence (zero(0)-G) fax # 678.717.6050 or [Paula.Lawrence@decalf.ga.gov](mailto:Paula.Lawrence@decalf.ga.gov)
- Shericka Blount (H-P) fax # 770.342.3104 or [Shericka.Blount@decalf.ga.gov](mailto:Shericka.Blount@decalf.ga.gov)
- Kenya Taylor (Q-Z) fax # 770.342.3171 or [Kenya.Taylor@decalf.ga.gov](mailto:Kenya.Taylor@decalf.ga.gov)

**Bright from the Start-Internal Use Only**

Date Received:
Program Official Signature: _____
Title: _____