



State of Arizona  
Department of Education

**HNS# 03-2014**

**MEMORANDUM**

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**TO:** Summer Food Service Program Sponsors

**FROM:** Mary Szafranski, Associate Superintendent  
Arizona Department of Education, Health and Nutrition Services

Melissa Conner, Director  
Arizona Department of Education, Summer Food Service Program

Ellen Pimental, Director  
Arizona Department of Education, School Food Programs

**DATE:** March 7, 2014

**SUBJECT:** Simplified Summer Food Service Program Food Service Management Company  
and Caterer Registration

*Original Signed*

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Arizona Department of Education (ADE) now requires all Food Service Management Companies (FSMC) and Caterers that wish to contract with Simplified Summer Food Service Program (SFSP) sponsors in Arizona to register with the Health and Nutrition Services Division (HNS). To be registered for the 2014 SFSP, FSMCs and Caterers are required to complete and submit the following documents to HNS for review by March 31, 2014:

- Food Service Management Company and Caterer Registration Cover Sheet,
- Application for Registration,
- Certification Regarding Debarment and Suspension, and
- Certification Regarding Lobbying.



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These documents are attached to this memo. They are also available on the HNS “**Contracting with a Food Service Management Company**” and the “**Contracting with a Caterer**” webpages found at: <http://www.azed.gov/health-nutrition/nslp/operate-nslp/>.

Once your registration packet has been received and reviewed by our office, you will be provided written notification of our decision regarding your application.

Only those FSMCs and Caterers registered with HNS will be eligible to contract with Simplified SFSP Sponsors. Application for registration received after the deadline will not be considered.

Approved registration will be valid for up to three years. However, ADE reserves the right to require reapplication at an earlier date.

ADE will continue to work with sponsors to support effective contract oversight and monitoring. If you have additional questions or concerns regarding this memorandum, please contact Aaron Thompson at (602) 364-1965 or email him at [Aaron.Thompson@azed.gov](mailto:Aaron.Thompson@azed.gov).



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**Health and Nutrition Services Division  
Simplified Summer Food Service Program  
Food Service Management Company and Caterer  
Registration Checklist**

**Must be Submitted by March 31, 2014**

For the 2014 Simplified Summer Food Service Program Year:

**Company Name:** \_\_\_\_\_

Completed forms:

\_\_\_\_\_ Application for Registration

\_\_\_\_\_ Exhibit A: Certification Regarding Debarment and Suspension

\_\_\_\_\_ Exhibit B: Certification Regarding Lobbying

\_\_\_\_\_ 21-Day Cycle Lunch Menu: Required if Providing Lunches

\_\_\_\_\_ 21-Day Cycle Breakfast Menu: Required if Providing Breakfasts

**Submitted By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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State of Arizona  
Department of Education

**Health and Nutrition Services Division  
Simplified Summer Food Service Program  
Food Service Management Company and Caterer  
Application for Registration**

**Instructions:** The completed application must be sent to the Arizona Department of Education, Health and Nutrition Services Division, Attention: Aaron Thompson. This form is to be typed and submitted by email to [Aaron.Thompson@azed.gov](mailto:Aaron.Thompson@azed.gov) if possible. Note, this application must be signed, but submittal of originals is not required. Please retain a copy for your records. This form is to be completed by all Food Service Management Companies (FSMC) and Caterers that wish to contract with Simplified Summer Food Service Program (SFSP) Sponsors in Arizona.

**Note:** The Company is encouraged to, and should, attach additional information pertaining to any question, if the company feels the information would further clarify any of their answers and assist the Health and Nutrition Services Division in its approval decision.

**I. COMPANY IDENTIFICATION**

1. Legal Company Name and Address (Street, City, State and ZIP Code):

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2. Contact Person, Title, Address, Telephone, Fax, Email:

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## II. Corporate Profile

1. Is the Company incorporated?  NO  YES (If YES, give month, year and state incorporated.)

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2. List other names your company is presently using, or has used in the past twenty-four months.

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<hr/>	<hr/>
<hr/>	<hr/>

3. Is the company providing meals to the following programs?

National School Lunch Program  NO  YES

School Breakfast Program  NO  YES

Child and Adult Care Food Program  NO  YES

Summer Food Service Program  NO  YES

If YES, identify the program and give name and address of sponsor(s).

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<hr/>	<hr/>
<hr/>	<hr/>

## III. Personnel Profile

1. List the name and title of individuals from the company authorized to sign contracts:

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2. List all individuals who are owners, officers, local area representatives, consultants, and any other individuals with at least five percent (5%) financial interest in the food service management company or caterer, and provide the following information for each: Name, Phone Number, Address, and Officer/Title



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### IV. Additional Information

1. List all Arizona Child Nutrition Programs Sponsors currently under contract with your company, the individual responsible for the account, and the fixed fee lunch price under the contract:

Sponsor	Individual Responsible	Fixed Lunch Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List the names of all Arizona Child Nutrition Program Sponsors that contracted with your company within the last two years with which your company no longer contracts:

Year	Sponsor
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. List any other states where your company or any of its subsidiaries have contracts with Child Nutrition Program Sponsors.

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4. Have any sponsors operating under contract with your company ever had any findings of noncompliance documented during an ADE review or audit that were the result of your operation?





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5. If you answered the previous question in the affirmative, please identify below the sponsor(s) involved, dates of the findings and describe the findings assessed and actions your company took to correct the matter.
  
6. Does your organization have permits to operate and any other necessary health certification for facilities and food production personnel in accordance with state, federal, and local law? If so, please provide a copy of all applicable permits to operate.
  
7. Does your organization have an up to date Hazard Analysis and Critical Control Point (HACCP) plan and does your organization document food safety compliance?
  
8. Have health inspections been performed for your production facilities twice during the last school year? If so, please submit copies of the inspection reports.
  
9. Please list all ADE, Child Nutrition Program trainings that your organization has attended during the last 12 months.

Training	Date	Attendee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Please submit a 21-Day Cycle Lunch Menu if your organization would like to be registered to provide lunches. Please submit a 21-Day Cycle Breakfast Menu if your organization would like to be registered to provide breakfasts. Please submit both to register to provide both lunch and breakfast.





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## V. Certification

If awarded a contract, the Food Service Management Company or Caterer agrees to operate in accordance with Summer Food Service Program regulations.

I CERTIFY that the information supplied on this application is true, complete and correct to the best of my knowledge. Any false statement or misrepresentation may be punishable by law (18 U.S.C. 1001.)

11. Name of authorized Food Service Management Company or Caterer official  
(Print).

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12. Title of authorizing official

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13. Signature of authorizing official

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14. Date

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15. Telephone

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16. Email

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**Instructions for Certification**

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide Immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

# U.S. DEPARTMENT OF AGRICULTURE

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## Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name

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PR/Award Number Project Name

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Name(s) and Title(s) Authorized Representative(s)

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Signature(s)

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Date

## CERTIFICATION REGARDING LOBBYING

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Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.

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Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative Agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative Agreement.
  - (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative Agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
  - (3) The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub recipients shall certify and disclose accordingly.
- 

\_\_\_\_\_  
Name/Address of Organization

\_\_\_\_\_  
Name/Title of submitting Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DISCLOSURE OF LOBBYING ACTIVITIES INSTRUCTIONS FOR COMPLETION OF SF-LLL**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or Agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Sub awards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative Agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

<p>Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.</p>
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## DISCLOSURE OF LOBBYING ACTIVITIES

Check this box if not applicable

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)**

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. cooperative agreement</p> <p><input type="checkbox"/> d. loan guarantee</p> <p><input type="checkbox"/> e. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application</p> <p><input type="checkbox"/> b. initial award</p> <p><input type="checkbox"/> c. post-award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p style="text-align: center;">For Material Change Only:</p> <p>year _____ quarter _____</p> <p>date of last report _____</p>
<p>4. Name and Address of Reporting Entity</p> <p><input type="checkbox"/> Prime                                      <input type="checkbox"/> Subawardee</p> <p style="padding-left: 150px;">Tier _____, if known</p> <p>Congressional District, <i>if known</i>:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, <i>if known</i>:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description</p> <p>CFDA Number, <i>if applicable</i>: _____</p>	
<p>8. Federal Action Number, <i>if known</i>:</p>	<p>9. Award Amount, <i>if known</i>: \$</p>	
<p>10. a. Name and Address of Lobbying Entity</p> <p style="text-align: center;">(if individual, last name, first name, MI):</p> <p>(attach continuation sheet(s) SF-LLL-A, if necessary)</p>	<p>b. Individuals Performing Services (including address</p> <p style="text-align: center;">(last name, first name, MI):</p> <p>(attach continuation sheet(s) SF-LLL-A, if necessary)</p>	
<p>11. Amount of Payment (<i>check all that apply</i>):</p> <p>\$ _____      <input type="checkbox"/> actual</p> <p style="padding-left: 150px;"><input type="checkbox"/> planned</p>	<p>13. Type of Payment (<i>check all that apply</i>):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p>	
<p>12. Form of Payment (<i>check all that apply</i>):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. in-kind; specify:    nature _____</p> <p style="padding-left: 150px;">value _____</p>	<p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>	
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), of Member(s) contracted, for payment indicated on item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached:    <input type="checkbox"/> Yes                                      <input type="checkbox"/> No</p>		
<p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____      Date: _____</p>	
<p>Federal Use Only:</p>		