



## Informal Catering Contract Checklist for PY24-25

This checklist and referenced documents must be completed and provided to the Arizona Department of Education Health and Nutrition Services for all Informal Catering Contract approvals. If incomplete, inaccurate, or missing information is provided, contract and CNPWeb application approvals will be delayed.

**School Food Authority (SFA) Name**

**CTDS Number**

Please answer each of the following questions. Prior to submitting to HNS, verify the form is complete and all necessary documentation is attached.

1. Estimated Contract amount for one (1) year: \$ \_\_\_\_\_

*If the amount exceeds the Summer Food Service Program Acquisition Threshold, the formal method must be used.*

2. Charter School SFAs: does the SFA have an approved State Board for Charter Schools procurement exception?

Yes     No     Not Applicable – SFA is not a charter school.

3. How many caterers were contacted for quotes? \_\_\_\_\_ How many responses? \_\_\_\_\_

4. Catering Company Selected: \_\_\_\_\_

5. Child Nutrition Program(s):  NSLP    SBP    ASCSP    SFSP    SSO    CACFP    At-Risk    FFVP

6. Meal Service:                       Delivery                       Pick Up

7. Milk Option:                         Inclusive                       Exclusive

8. Meal Delivery Form:               Unitized                       Bulk

9. Servers Needed:                     Yes                               No

10. USDA Foods/DoD Fresh Option:     Yes                               No

11. Please provide the following certifications/documents:

- Certification of Independent Price Determination (signed by the Caterer and SFA)
- Certification regarding Lobbying and Disclosure of Lobbying Activities (signed by the caterer)
- Copy of Caterer's current Permit to Operate
- Copy of Caterer's most recent Health Inspection

12. If Operating the Summer Food Service Program (SFSP), input the estimated SFSP dollar amount: \$ \_\_\_\_\_

Summer Food Service Programs over \$100,000 must attach a Copy of the Catering SFA's Performance Bond

13. SFA Contact (liaison) Information: *Provide the following information for an individual employed by the SFA responsible for answering questions and correspondence concerning its food service operation and contract.*

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

Mailing City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I certify that the information and documentation provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Position/Title**

\_\_\_\_\_  
**Printed Name of Person Signing**

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