



Inter-Agency Catering Contract Checklist for School Year _____

This checklist and referenced documents must be completed and provided to the Arizona Department of Education Health and Nutrition Services for all Inter-Agency (IAA) 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. Child Nutrition Program(s): | NSLP | SBP | ASCS | SFSP | SSO | CACFP | At-Risk |
| 2. Meal Service: | | Delivery | Pick Up | | | | |
| 3. Milk Option: | | Inclusive | Exclusive | | | | |
| 4. Meal Delivery Form: | | Unitized | Bulk | | | | |
| 5. Servers Needed: | | Yes | No | | | | |
| 6. USDA Foods/DoD Fresh Option: | | Yes | No | | | | |
| <i>If yes, allow Secondary Access for Caterer:</i> | | Yes | No | | | | |

7. Catering SFA (the "Caterer"): _____ CTD#: _____

Contact Name: _____ Job Title: _____

Telephone Number: _____ Email Address: _____

8. Provide the following certifications/documents:

 Copy of Catering SFA's Permit to Operate

9. 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

10. 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