



Catering Contract Agreement Checklist
Seamless Summer Option Operators
 Program Year: _____

This checklist must be completed and submitted to the Arizona Department of Education Health and Nutrition Services (HNS), along with the referenced documents, for all contract approvals. Forms not accurately completed or returned with sections left blank will delay your approval.

Sponsoring Entity 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. What is the estimated contract dollar amount?
2. How many vendors did you contact for quotes? How many vendors responded?
3. Selected Catering Company Name:
4. Provide the following signed certifications/documents:
 - Caterer's Current Health Certifications (Section 2.9.2 of Contract)
 - Caterer's Permit to Operate (Section 2.10.2 of Contract)
 - Certification of Independent Price Determination Signed by the Caterer **and** SSO Vended Sponsor (Section 5.1 of Contract)
 - Certification Regarding Lobbying and Disclosure of Lobbying Activities Signed by the Caterer (Section 5.5 of Contract; include for contracts >\$100,000)
5. Meal Types: Breakfast Lunch Supper Snacks
6. Contact (Liaison) Information: *Contact information for an individual employed by the Sponsor, who is 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