



Inter-Agency Agreement Checklist for School Year _____

This checklist must be completed and provided to the Arizona Department of Education Health and Nutrition Services for all Inter-Agency Agreement (IAA) approvals. If incomplete, inaccurate, or missing information is provided, contract and CNPWeb application approvals will be delayed.

School Food Authority (SFA) Name **CTDS Number**

Site Agency Name **CTDS Number**

Please answer each of the following questions.

1. Child Nutrition Program(s): NSLP SBP ASCS SFSP SSO CACFP At-Risk
2. Meal Service: Prepared at the Site Delivered to the Site Picked Up by the Site
3. Non-Pricing Programs: CEP Provision 2/3 Area Eligible Not Applicable
4. School Food Authority (SFA) Food Service Type: Self-Prep Central Kitchen FSMC Caterer

Provide the following information for the individuals responsible for answering questions and correspondence regarding this agreement:

5. SFA Contact Information:

Name: _____ Job Title: _____
Mailing Street Address: _____
Mailing City, State, Zip Code: _____
Telephone Number: _____ Email Address: _____

6. Site Agency Contact Information

Name: _____ Job Title: _____
Mailing Street Address: _____
Mailing City, State, Zip Code: _____
Telephone Number: _____ Email Address: _____

Signature of individual submitting documentation to the Arizona Department Health and Nutrition Services:

Signature **Position/Title**

Printed Name of Person Signing **Date**