



Inter-Agency Agreement Checklist for PY24-25

This checklist must be completed and submitted to the Arizona Department of Education Health and Nutrition Services (HNS) 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 ☐ ASCSP ☐ SFSP
☐ SSO ☐ CACFP ☐ At-Risk ☐ FFVP
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 of Health and Nutrition Services:

Signature

Position/Title

Printed Name of Person Signing

Date