



## INITIATION FORM FOR ELECTRONIC FOOD PROGRAM PERMANENT SERVICE AGREEMENT

This fillable PDF initiation form has been created for Summer Food Service Program (SFSP) Community Organizations who wish to complete their Summer Food Service Program Permanent Agreement (PA) electronically. **The PA must be read in its entirety prior to completing this form.** Once the SFSP specific information within this form is provided to The Arizona Department of Education (ADE), a member of ADE Health and Nutrition Services staff will then complete the agreement and route the FPPSA electronically to all individuals listed within the form for signature.

### Page 1 (plus other required information)

Legal Name of Sponsor: \_\_\_\_\_

Doing Business As (if applicable): \_\_\_\_\_

CTDS#: \_\_\_\_\_ Address: \_\_\_\_\_

If the SPONSOR is a public agency (i.e. government related) enter the entity or agency that is authorized to approve this agreement (if not applicable, leave blank): \_\_\_\_\_

### Page 14 - Certification Page (required information if organization has a Governing Board)

(1) County (in which the entity operating the programs is located): \_\_\_\_\_

(2) Name of Official (or Governing Board Member) authorized to sign this certification page: \_\_\_\_\_

(3) City in which the meeting that addressed the PA was held: \_\_\_\_\_

(4) Date that the meeting or decision to implement the PA took place: \_\_\_\_\_

(5) Legal title of the SPONSOR'S governing board; current year: \_\_\_\_\_

(6) Name of designated official who will be signing the Permanent Agreement (Same designated official as on line 1, page 15, of the Food Service Agreement): \_\_\_\_\_

(7) Authorized Official or Governing Board Member (same name as on line (2) of the certification page.)

**Note that the authorized official/governing board member cannot designate him/herself as the Designated Official.**

_____	_____	_____
Authorized Official First & Last Name	Title	Email

### Page 15- Signature Page (required information)

_____	_____	_____
Designated Official First & Last Name	Title	Email

_____	_____	_____
Authorized Signer (1) First & Last Name	Title	Email

_____	_____	_____
Authorized Signer (2) First & Last Name	Title	Email

_____	_____	_____
Authorized Signer (3) First & Last Name	Title	Email

Submit to  
ContactHNS@azed.gov