



## INITIATION FORM FOR ELECTRONIC FOOD PROGRAM PERMANENT SERVICE AGREEMENT

This fillable PDF initiation form has been created for School Food Authorities (SFA) who wish to complete their Food Program Permanent Service Agreement (FPPSA) electronically. The FPPSA must be read in its entirety prior to completing this form. Once the SFA-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)

School Food Authority (Legal Name of Applicant): \_\_\_\_\_

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

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

A.R.S. number (15-183 (H) for Charter School, or 15-342 (13) for Public), otherwise leave blank: \_\_\_\_\_

### Page 18 - Certification Page (required information)

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

(2) Name of Official (or Governing Board Member) authorized to implement the programs: \_\_\_\_\_

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

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

(5) Legal name of the SFA: \_\_\_\_\_

(6) Name of Designated Official who will be signing the FPPSA (same designated official as on the line 1 of the signature page of the 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 19- 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

Email to  
ContactHNS@azed.gov