Food Service Management Post-Contract Award Summary Sheet: Submission 3

# Instructions

Upon completion of the contract award, please submit this completed form along with the required documentation listed below. An original signed and dated copy of this form must be submitted.

# A. School Food Authority Information

Agreement Number: Click or tap here to enter text.

School Food Authority Name: Click or tap here to enter text.

Address, City, State, Zip Code: Click or tap here to enter text.

Authorized Representative: Click or tap here to enter text. Phone: Click or tap here to enter text.

Authorized Representative Email: Click or tap here to enter text.

Contract Contact Person: Click or tap here to enter text. Phone: Click or tap here to enter text.

Contract Contact Person Email: Click or tap here to enter text.

# B. Contract Award

Provide the following information:

1. Contract Award Date: Click or tap to enter a date.
2. Company Awarded the Contract: Click or tap here to enter text.
3. Total Estimated Contract Cost: Click or tap here to enter text.

# C. Required Documentation

Submit copies of the following documents with this completed form. Retain originals in SFA file.

1. Executed copy of the contract—Signed Bid Summary only
2. Signed copy of the Bid-Rigging Certification
3. Signed copy of the Certificate of Independent Bid Determination
4. If the contract is $25,000 or more—Signed copy of the Certification Regarding
5. Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions
6. If the contract is over $100,000—Signed copy of the Certificate Regarding Lobbying
7. If the contract is over $100,000 and any funds other than Federal appropriated funds have been used for lobbying—Signed copy of the Disclosure of Lobbying Activities



# Certification

Under the provisions of the United States Department of Agriculture, Food and Nutrition

Service, I certify as a sponsor in the Child Nutrition Programs the executed Request for Proposals/Invitation for Bids and Contract is the same Request for Proposals/Invitation for Bids and Contract previously submitted to the Vermont Agency of Education and determined in compliance with all applicable regulations and statutes on: Click or tap to enter a date.

(date of receipt of Bid Documents Approval Letter from the State Agency).

I understand revisions cannot be made to the executed Request for Proposals/Invitation for Bids and Contract without first submitting proposed revisions to the Vermont Agency of Education for review and receiving written notification the proposed revisions are allowable within the regulatory guidelines. Furthermore, I understand additional documents and/or agreements, including those developed by the contractor, cannot become part of the executed contract.

I understand the nonprofit school food service program account cannot be used to pay for unallowable contract costs. As authorized representative for the school food authority noted above, I will ensure operation of the nonprofit school food service program, including use of nonprofit school food service program account funds, is in compliance with the rules and regulations of the Vermont Agency of Education and the United States Department of Agriculture regarding Child Nutrition Programs.

I understand the Request for Proposals/Invitation for Bids and Contract and all related documents are subject to review by the Vermont Agency of Education and the United States Department of Agriculture at any time. I understand all contract information provided to the Vermont Agency of Education is being given in connection with the receipt of federal funds and deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. Further, I understand such misrepresentation could result in the loss of federal and state funding received by the school food authority for school-based Child Nutrition Programs.

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*Authorized Representative Signature Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

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*Authorized Representative Signature Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Maintain a copy of this form for your records.

**Mail original signed and dated form along with copies of all required documentation to:**

Child Nutrition Programs

Vermont Agency of Education

# 1 National Life Drive, Davis 5

Montpelier, Vt 05620