



Informal Catering Contract Checklist for Program Year 2026-2027

This checklist and referenced documents must be completed and provided to the Arizona Department of Education Health and Nutrition Services for all Informal Catering Contract approvals. If incomplete, inaccurate, or missing information is provided, contract and CNPWeb application approvals will be delayed.

School Food Authority (SFA) Name

CTDS Number

Please answer each of the following questions. Prior to submitting to HNS, verify the form is complete and all necessary documentation is attached.

1. Estimated Contract amount for one (1) year: \$ _____

If the amount exceeds the Summer Food Service Program Acquisition Threshold, the formal method must be used.

2. Charter School SFAs: does the SFA have an approved State Board for Charter Schools procurement exception?

☐

Yes

☐

No

☐

Not Applicable – SFA is not a charter school.

3. How many caterers were contacted for quotes? _____ How many responses? _____

4. Catering Company Selected: _____

5. Child Nutrition Program(s): ☐ NSLP ☐ SBP ☐ ASCSP ☐ SFSP ☐ SSO ☐ At-Risk ☐ FFVP

6. Meal Service:

☐

Delivery

☐

Pick Up

7. Milk Option:

☐

Inclusive

☐

Exclusive

8. Meal Delivery Form:

☐

Unitized

☐

Bulk

9. Servers Needed:

☐

Yes

☐

No

10. USDA Foods/DoD Fresh Option:

☐

Yes

☐

No

11. Please provide the following certifications/documents:

- ☐ Certification of Independent Price Determination (signed by the Caterer and SFA)
- ☐ Certification regarding Lobbying and Disclosure of Lobbying Activities (signed by the caterer)
- ☐ Copy of Caterer's current Permit to Operate
- ☐ Copy of Caterer's most recent Health Inspection

12. If Operating the Summer Food Service Program (SFSP), input the estimated SFSP dollar amount: \$ _____

Summer Food Service Programs over \$100,000 must attach a Copy of the Catering SFA's Performance Bond

13. SFA Contact (liaison) Information: *Provide the following information for an individual employed by the SFA responsible for answering questions and correspondence concerning its food service operation and contract.*

Name:

Job Title:

Mailing Street Address:

Mailing City, State, Zip Code:

Telephone Number:

Email Address:

I certify that the information and documentation provided herein is true and correct to the best of my knowledge.

Signature

Position/Title

Printed Name of Person Signing

Date