



Inter-Agency Agreement Checklist for Program Year 2026-2027

This checklist must be completed and submitted to the Arizona Department of Education's Health and Nutrition Services (HNS) contracts email, HNSContracts@azed.gov, 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 Education Health and Nutrition Services:

Signature

Position/Title

Printed Name of Person Signing

Date