

Post-Contract Award Summary Sheet- Informal RFQ Vended Meals Child and Adult Care Food Program (CACFP) / Summer Food Service Program (SFSP)

Upon completion of the contract award, please submit this completed form along with the required documentation listed below, via mail or email.

A. Sponsoring Organization (SO) Information

Agreement Number (RCDT Code) _____

Sponsor Name _____

Address, City, Zip Code _____

Authorized Representative* (as listed on WINS sponsor application) _____

Phone Number _____ Ext. _____ Email _____

* The Authorized Representative is the individual who is the highest-ranking official that is legally and financially responsible for all areas of the school district or organization. For public schools this would be the District Superintendent.

Procurement Contact _____

Phone Number _____ Ext. _____ Email _____

B. Contract Award

Provide the requested information for the following:

- 1) Contract Award Date _____
- 2) Vendor Awarded the Contract _____
- 3) Total Estimated Contract Cost _____

C. Required Documentation

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

1. Section 21 *Quote Summary Sheet*
2. Section 22 all applicable contract certification forms
3. [Solicitation tracking log](#)
4. [Statement of No Bid/Proposal](#) received
5. Completed evaluation summarizing all quotes/bids received

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 *Solicitation* is the same *Solicitation* previously submitted to the Illinois State Board of Education and determined in compliance with all applicable regulations and statutes.

I understand revisions cannot be made to the executed *Solicitation* without first submitting proposed revisions to the Illinois State Board 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 Illinois State Board of Education and the United States Department of Agriculture regarding Child Nutrition Programs.

I understand the *Solicitation* and all related documents are subject to review by the Illinois State Board of Education and the United States Department of Agriculture at any time. I understand all contract information provided to the Illinois State Board 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.

Authorized Representative: <i>Print full name</i>		Date:
Sponsoring Org Name and RCDT #		
Signature:		Title:

* The Authorized Representative is the individual who is the highest-ranking official that is legally and financially responsible for all areas of the school district or organization. For public schools this would be the District Superintendent.

Maintain a copy of this form for your records.

Mail or email signed and dated form along with copies of all required documentation to:

Mail: Nutrition Procurement Department
Illinois State Board of Education
100 North First Street W270
Springfield, IL 62777-0001

Email: CACFP_SFSPcontracts@isbe.net