ILLINOIS STATE BOARD OF EDUCATION

100 North First Street
Springfield, Illinois 62777-0001

STEP 3 POST CONTRACT AWARD SUMMARY SUBMISSION FORM

FOOD SERVICE MANAGEMENT COMPANY/VENDED MEAL CONTRACT

NUTRITION DEPARTMENT

Purpose of this form:

- This form is intended for internal use between the School Food Authority (SFA) and the Illinois State Board of Education (ISBE) Nutrition Department to collect high level data that supports the solicitation process.

Submission Process:

- Complete this form and submit is along with copies of all required documents listed below in Section C:
  - Must be published in a newspaper of general circulation. multiple SFAs participate in a single solicitation, each SFA's Authorized Representative must complete and submit a separate form along with required supporting documentation.
- Submit via email to: NutritionProcurement@isbe.net.
- ISBE will review to ensure compliance with federal and state regulations.
- Once approved, ISBE will provide written authorization for the SFA to proceed with the contract award.
- Plan for at least 14 calendar days for the initial ISBE review when setting timelines.

A. School Food Authority (SFA) Information

AGREEMENT NUMBER (RCDT CODE - *unique identifier or your SFA*)	SCHOOL FOOD AUTHORITY NAME *(Full official name of the SFA)*

B. Contract Award

CONTRACT AWARD DATE	COMPANY AWARDED THE CONTRACT

C. Required Documentation Checklist

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

1. IFB Specific Documentation (If using an Invitation for Bid)

- Bid Summary Form
- Bid Agreement
- Contract Certifications

2. RFP Specific Documentation (If using a Request for Proposal)

- Proposed Fixed Meal Rates Form
- Proposed Staffing Pattern and Plan
- Independent Price Determination Certificate
- Proposal Agreement
- Contract Certifications

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D. Certification Statement

☐ 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 on ***[insert date of Solicitation Review Approval Letter]*** .

☐ The School Food Authority agrees that it will not amend, supplement, or otherwise modify the executed solicitation or resulting contract except as permitted under applicable law and program requirements and, when required, only after obtaining written approval from the Illinois State Board of Education. Furthermore, I understand that 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 acknowledge that knowingly making or causing to be made a materially false statement or certification in connection with this procurement or the receipt of federal funds may result in administrative, civil, or criminal penalties under applicable federal or state law, as well as other remedies authorized by law.

☐ I certify that the individual signing this document on behalf of the School Food Authority represents and warrants that they possess full legal authority and fiscal authorization to bind the School Food Authority to the terms and obligations set forth in the procurement process.

SFA AUTHORIZED REPRESENTATIVE	TITLE
DISTRICT/SCHOOL NAME	RCDT CODE

_____
Digital Signature of Representative

_____
Date

Submission Instructions

1. Double-check that all sections (A–D), signature blocks, and any attachments are completed and included before submission. Missing items can delay ISBE review.

2. Maintain a Copy
   - Keep a complete copy of the completed form for your records.

3. Submit the following to ISBE via email at NutritionProcurement@isbe.net:
   - ☐ Submission Form – the completed Step 3 form.
   - ☐ Required Documents –as outlined in the Section C above.