**Food Service Management Company/Vended Meals Contract**

**Submission Form- Step 1**

**This form is for use between the Sponsoring Organization and the Illinois State Board of Education.**

**Do Not Include this Form with Solicitation Documents Provided to Prospective Bidders.**

Prior to beginning the bid solicitation process, submit this completed form along with all required Solicitationdocuments to the Illinois State Board of Education Nutrition Department (ISBE) per instructions provided at the end of this document. When the documents submitted are deemed in compliance with federal and state regulations and statutes, ISBE will provide written notification to the Sponsoring Organization (SO) authorizing the SO to begin the solicitation process. **Allow a minimum of 30 Calendar days for ISBE to complete the initial review of the documents.**

**A. Sponsoring Organization (SO) Information**

Agreement Number (RCDT Code)

Sponsoring Organization 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 organization.

Procurement Contact (MUST be employed directly by the SO)

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_\_\_\_Email

**B. General Information for the purposes of this Solicitation**

To learn about the different contract types please visit our SFSP/CACP webpage.

Child Nutrition Programs the SO is soliciting (Check all that apply):

☐ Child and Adult Care Food Program (CACFP)

☐ CACFP- Early Snack

☐ CACFP- Breakfast

☐ CACFP- AM Snack

☐ CACFP- Lunch

☐ CACFP- PM Snack

☐ CACFP- Supper

☐ CACFP- Evening Snack

☐ Summer Food Service Program (SFSP)

 ☐ SFSP – Breakfast

 ☐ SFSP – AM Snack

 ☐ SFSP – Lunch

☐ SFSP – PM Snack

☐ SFSP – Supper

**D. Additional District(s)/School(s)/Sponsoring Organization(s)**

List all other district(s)/school(s)/Sponsoring Organization (SO’s), with their RCDT agreement number, that will be included in the solicitation. All parties listed within the solicitation will result in a contractual agreement directly with the awarded FSMC/ Vendor and pay the rates and/or fees listed within the final contract. CNP funds can not be used to pay for any additional costs/terms outside of the awarded contract as they should all be accounted for and outlined within the solicitation therefore, a school-to-school/intergovernmental agreement/etc. will not be required or necessary.

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**E. Projected Dates**

Allow a minimum of 45 days between the newspaper advertisement/direct solicitation and the public bid opening/Submission Date.

1. Newspaper Advertisement Date

1. Pre-Bid Meeting (if applicable) Date(s)

1. Public Bid Opening Date

4) Projected Contract Award Date

**F. Bid and/or Proposal Evaluations**

It is imperative that Invitation for Bid (IFB) openings are conducted fairly, are thoroughly reviewed and subjected to an impartial evaluation. Inconsistent actions by the individuals responsible for this component of the FSMC or Vended Meals procurement can result in protests or legal action.

**G. Certification Statement**

\* The Authorized Representative is the individual who is the highest-ranking official that is legally and financially responsible for all areas of the organization.

If multiple SOs on the solicitation, each SO Authorized Representative will need to complete section G. Certification Statement and document must be included in the submission of this form.

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| **Please read and initial the box next to each statement.**  |
|  | I certify the S*olicitation* documentssubmitted to ISBE have been reviewed by the Sponsoring Organization and the Sponsoring Organization’s legal counsel, as deemed necessary, to ensure compliance with all Local, State and Federal regulations, statutes, and policies. |
|  | I certify that the Sponsoring Organization made a good faith effort to be compliant with all applicable State rules and regulations.  |
|  | I certify that no third-party entity prepared the solicitation documents, evaluation, and scoring criteria.  |
|  | I certify that the Sponsoring Organization will maintain legal and financial responsibility for the overall operation of the Child Nutrition Programs. |

|  |  |  |
| --- | --- | --- |
| SO Authorized Representative:*Print full name*  |  | Date: |
| District/School Name and RCDT # |  |  |
| Signature: |  | Title: |

Maintain a copy of this form for your records.

### **Email copies of this signed and dated form along with all required documentation to:**

**Email:** CNPcontracts@isbe.net or your ISBE contract representative.

**Solicitation Document Checklist**

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 \_\_\_\_\_\_\_\_\_\_ Submission Form

 \_\_\_\_\_\_\_\_\_\_ Solicitation Main Document

 \_\_\_\_\_\_\_\_\_\_ All applicable exhibits as outlined in the Solicitation