

Food Service Management Company/Vended Meals Contract Child and Adult Care Food Program (CACFP) / Summer Food Service Program (SFSP) Submission Form- Step 1

**This form is for use between the Institution 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 Solicitation documents 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 institution authorizing the institution to begin the solicitation process. **Allow a minimum of 30 Calendar days for ISBE to complete the initial review of the documents.**

A. Institution Information

Agreement Number (RCDT Code) _____

Institution 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 institution) _____

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 institution is soliciting (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Child and Adult Care Food Program (CACFP) | <input type="checkbox"/> Summer Food Service Program (SFSP) |
| <input type="checkbox"/> CACFP- Early Snack | <input type="checkbox"/> SFSP – Breakfast |
| <input type="checkbox"/> CACFP- Breakfast | <input type="checkbox"/> SFSP – AM Snack |
| <input type="checkbox"/> CACFP- AM Snack | <input type="checkbox"/> SFSP – Lunch |
| <input type="checkbox"/> CACFP- Lunch | <input type="checkbox"/> SFSP – PM Snack |
| <input type="checkbox"/> CACFP- PM Snack | <input type="checkbox"/> SFSP – Supper |
| <input type="checkbox"/> CACFP- Supper | |
| <input type="checkbox"/> CACFP- Evening Snack | |

D. Additional District(s)/School(s)/Institution(s)

List all other district(s)/school(s)/Institutions, 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 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.

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 _____
- 2) Pre-Bid Meeting (if applicable) Date(s) _____
- 3) Q/A Submission Due Date _____
- 4) 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 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 institutions on the solicitation, each Authorized Representative will need to complete section G. Certification Statement and document must be included in the submission of this form.

Please read and initial the box next to each statement.	
<input type="checkbox"/>	I certify the <i>Solicitation</i> documents submitted to ISBE have been reviewed by the institution and the institutions’s legal counsel, as deemed necessary, to ensure compliance with all Local, State and Federal regulations, statutes, and policies.
<input type="checkbox"/>	I certify that the institution made a good faith effort to be compliant with all applicable State rules and regulations.
<input type="checkbox"/>	I certify that no third-party entity prepared the solicitation documents, evaluation, and scoring criteria.
<input type="checkbox"/>	I certify that the institution will maintain legal and financial responsibility for the overall operation of the Child Nutrition Programs.

Authorized Representative: <i>Print full name</i>		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: CACFP_SFSPcontracts@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