**School and Community Nutrition**

**Food Service Management Company/Vended Meals Provider Acknowledgement**

**This acknowledgement must be completed by Food Service Management Company (FSMC)/Vended Meals Provider interested in registering with IDOE SCN as a FSMC/Vended Meals provider that will complete the procurement process to service Indiana schools. This is the first step of the IDOE SCN Procurement Process when registering as a FSMC/Vended Meals Provider for Indiana Schools on the National School Lunch Program (NSLP) and/or the School Breakfast Program (SBP). FSMC/Vended Meals Providers completing this acknowledgement and the registration process agree to comply with the procurement procedures when contracting with a School Food Authority (SFA).**

**Instructions:** The completed acknowledgement must be sent to the Indiana Department of Education, School and Community Nutrition, Attention: Cynthia (Cindy) Harris. This form is to be typed if possible. Please retain one copy for your records. This form is to be completed by the FSMC/Vended Meals Provider interested in registering where they will perform as contractor with SFA of the National School Lunch Program (NSLP) and/or School Breakfast Program (SBP).

**FSMC/Vended Meals Provider Information**

1. FSMC/Vended Meal Provider Name and Address (Street, City, State and ZIP Code):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Administrator completing procurement process for FSMC/Vended Meal Provider, Title, Address, Telephone, Fax, Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will any representative or employee of your FSMC/Vended Meals Provider agree to follow IDOE SCN procurement process? This will include not discussing current detailed contract information and or cost analysis information with any SFA prior to the SFA beginning the RFP process. [ ] NO [ ] YES
2. Has any representative or employee of your FSMC/Vended Meals Provider had detailed communication with any SFA that intends on entering a FSMC/Vended Meals contract within the next year? [ ] NO [ ] YES (If YES, please provide the name of the SFA, Name of the SFA Representative or Employee, Contact Information, and details of communication). Please use and attach a separate page if necessary.

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1. Does your FSMC/Vended Meal Provider currently provide services in any other state?

[ ] NO   [ ] YES (If YES, Please list the states in which you currently provide service under NSLP and or SBP? Please provide the number of contracts for each state). Please use the lines below and attach a separate page if necessary.

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**Code of Conduct (2 CFR 200.318 (C)(1)(2)**

The following conduct will be expected of all persons who are engaged in the awarding and administration of contracts supported by Child Nutrition Program Funds.

No employee, officer or agent shall participate in the selection or in the award or administration of a contract supported by program funds if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award:

1. The employee, officer or agent;
2. Any member of the immediate family;
3. His or her partner;
4. An organization which employs or is about to employ one of the above;
5. A less-than-arms-length transaction. This is one party’s ability to control or influence the other party to the transaction. A less-than-arms-length transaction occurs:
   1. When a transaction is conducted between related parties, meaning that the integrity of the transaction could be compromised;
   2. When one party to the transaction is able to control or influence the actions of the other party.

Examples could include:

* + 1. Hiring the CEO’s brother as a janitor.
    2. Purchasing goods or services from a business owned by an officer, employee, or relative of the Sponsor’s entity.
    3. Agreement for computer maintenance between a business and person who are related to the Sponsor’s employees or board members.

Employees, officers, or agents must not solicit or potentially accept gifts, travel packages, and other incentives from prospective vendors/contractors. The Child Nutrition Program School or Sponsor must set standards for determining when the financial incentive is considered not substantial, or the gift is an unsolicited item of nominal value and may be accepted.

**Hiring Standards & Annual Training Requirements for Food Service Directors (FSD)**

School Food Authorities (SFAs) that choose to outsource management of some or all food service operations to another company or co-op, such as a Food Service Management Company (FSMC), Vendor, or Educational Services Center, are required by USDA to meet the following criteria:

* The SFA must maintain oversight and responsibility for planning, administering, implementing, monitoring, and evaluating the school meal programs. This means the FSD must be hired by the SFA, not the company or co-op.
* Even if the company or co-op appoints a person to oversee food service director duties, the role of FSD must still also remain with the SFA. The USDA hiring standards and annual training requirements are applicable to this role.
* If the school nutrition director duties are equally shared between multiple people, then all individuals must meet the FSD hiring standards. This means that while the SFA must appoint an FSD who meets the hiring standards, the company or co-op might also appoint someone to manage the FSD duties. This person is also required to meet the hiring standards and the training requirements.

**Hiring Standards (cont.)**

* Qualified FSDs, whether hired by the SFA or the company/co-op, must regularly provide on-site assistance and monitoring of all sites under the sponsor. Regular monitoring means on site at least for a measurable portion of each week to ensure food safety, meal pattern and meal count documentation is maintained.
* Beginning school year 2022-2023, all SFAs will be expected to have a named food service director on site who meets the requirements as outlined above.
* For more information about hiring standards and training requirements check out the following resources from USDA:
  + [Professional Standards Summary of Updates Flyer](https://www.fns.usda.gov/tn/professional-standards-summary-updates-flyer)
  + [SP-05-2020 Questions & Answers Regarding Professional Standards for State and Local School Nutrition Program Personnel](https://fns-prod.azureedge.net/sites/default/files/resource-files/SP05-2020os.pdf).

**Certification**

I CERTIFY that the information supplied on this acknowledgement is true, complete, and correct to the best of my knowledge. Any false statement or misrepresentation may be punishable by law (18 U.S.C. 1001).

Name and Title of Authorized SFA/RCCI Administrator Official (Print):

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Signature of Authorizing Official:

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_