



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

## **FSMC/SFA Contract Termination Checklist**

**Please complete this checklist when ending a School Food Authority's (SFA) contract agreement with a Food Service Management Company (FSMC).**

**Date of written notification of contract termination** \_\_\_\_\_

**Will the SFA transition to self-op?**  NO  YES (If YES, please provide date notification was sent to IDOE) \_\_\_\_\_

**Will the SFA terminate from the National School Lunch Program (NSLP)?**  NO  YES (If YES, please provide date notification was sent to IDOE)  
\_\_\_\_\_

**The SFA should obtain and retain all records\* from the FSMC that supports the following:**

*Please check next to the information included in the daily records.*

- \_\_\_\_\_ Production Records
- \_\_\_\_\_ Meal Pattern Compliance
- \_\_\_\_\_ Daily Meal Counts
- \_\_\_\_\_ Student Eligibility Information

**Date All Daily Records received by the SFA** \_\_\_\_\_

*\*SFA should to keep all records for 3 years plus current year.*

**Date the SFA reconciled the last FSMC Cost Reimbursement contract invoice to ensure the value of discounts, rebates, and credits received by the FSMC are reported and credited to the SFA nonprofit food service account. (If contract is a fixed cost contract please mark NA)** \_\_\_\_\_

**The SFA must complete a Final Reconciliation Report for USDA Foods. Date the USDA Foods Reconciliation Report was completed** \_\_\_\_\_

Has the FSMC credited the SFA for the value of all USDA donated food?  NO  YES (If YES, please provide date) \_\_\_\_\_

Has the FSMC provided the SFA with a full breakdown of all USDA Foods?  NO  YES (If YES, please provide date) \_\_\_\_\_ Please include all USDA Foods at the state assigned warehouse, each processor and the DoD Fresh Fruit and Vegetable Program.



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**Has SFA obtained possession of all equipment, USDA Food inventory, and other goods and services obtained with school food funds?  NO  YES**

*(If YES, please provide date)* \_\_\_\_\_

**Name and Job Title of SFA Representative completing checklist**

\_\_\_\_\_

**Please provide detailed information where the files will be stored.**

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

## FOR IDOE PROCESSING ONLY

- Finance
- Field Staff
- SN Team
- Food Distribution