INITIATION FORM FOR ELECTRONIC FOOD PROGRAM PERMANENT SERVICE AGREEMENT

This fillable PDF initiation form has been created for Child and Adult Care Food Program (CACFP) Operators who wish to complete their **Food Program Permanent Agreement** (PA) electronically. **The PA must be read in its entirety prior to completing this form**. Once the CACFP specific information within this form is provided to The Arizona Department of Education (ADE), a member of ADE HNS staff will then complete the agreement and route the FPPSA electronically to all individuals listed within the form for signature.

Page 1 (plus other required information)

Legal Name of Sponsor: Amphitheater Unified District #10

Doing Business As (if applicable): _____

CTDS#: 100210000 Address: 701 W. Wetmore Road-Tucson-Arizona 85705

If the SPONSOR is a public agency (i.e. government related) enter the entity or agency that is authorized to approve this agreement (if not applicable, leave blank): _____

The SPONSOR enters into this Agreement with ADE for participation in the CACFP operating one or more of the following (check all that apply):

- [x] Child Care Center
- [ ] Outside School Hours Care Center
- [ ] Family Child Care Home
- [ ] Adult Day Care Center
- [ ] Emergency Shelter
- [x] At-Risk After School Snack Program

Page 22 - Certification Page (required information if organization has a Governing Board)

(1) County (in which the entity operating the programs is located): Pima County

(2) Name of Official (or Governing Board Member) authorized to implement the programs: Vicki Cox Golder

(3) City in which the meeting that addressed the FPPSA was held: Tucson

(4) Date that the meeting or decision to implement the FPPSA took place: 10/20/2026

(5) Legal title of the SPONSOR'S governing board; current year: Amphitheater Unified School District #10

(6) Name of Designated Official who will be signing the FPPSA : Todd A. Jaeger, JD
(Same designated official as on the line 1 of the signature page of the Agreement)

(7) Authorized Official or Governing Board Member (same name as on line 2 of the certification page.)
Note that the authorized official/governing board member cannot designate him/herself as the Designated Official.

Authorized Official First & Last Name	Title	Email
Vicki Cox Golder	Governing Board President	vcgolder@amphi.com

Page 23- Signature Page (required information)

	Title	Email
Todd A. Jaeger, JD (Designated Official First & Last Name)	Superintendent	tjaeger@amphi.com
Tassi Call (Authorized Signer (1) First & Last Name)	Associate Superintendent Elementary	tcall@amphi.com
Scott Little (Authorized Signer (1) First & Last Name)	Chief Financial Officer	slittle@amphi.com
Tiffany Bucciarelli-Fay (Authorized Signer (1) First & Last Name)	Director of Early Childhood Education	Tibufay@amphi.com

Submit to ADE HNS via ADE HelpDesk in ADEConnect*

**For assistance submitting this form to ADE HelpDesk, please click here.*

Request for ADEConnect Entity Administrator Account

Sponsor Entity Name/SFA Name: Amphitheater Unified District #10 CTD Number: 100210000

Complete and return this form to the Arizona Department of Education, Health & Nutrition Services (ADE-HNS). Upon receipt of this form, an ADEConnect Entity Administrator account will be created for the organization named above. The Entity Administrator will have authority to setup user accounts that will have access to CNPWeb and other Health & Nutrition Services online systems. If the Designated Official chooses to delegate the responsibility of creating ADEConnect user accounts for their organization, that individual must be identified in the second box below. All organizations must have at least one Entity Administrator. All designees must be an Authorized Representative on the Food Program Permanent Service Agreement. **All email addresses must be to an individual email account, not an organization wide account.**

PLEASE SELECT ONLY ONE OPTION:

☑ I am requesting to have an Entity Administrator Account Setup in my name:

Designated Official Name: Tassi Call

Designated Official Email Address: Tcall@amphi.com

☑ I am requesting to delegate Entity Administrator Authority to the individual named below:

Authorized Representative Name: Tiffany Bucciarelli-Fay

Authorized Representative Email Address: Tibufay@amphi.com

By signing below, I am authorizing the Arizona Department of Education, Health & Nutrition Services to create an ADEConnect Entity Administrator account for the organization named above. If I have delegated the Entity Administrator authority to another individual by checking the second box above, I understand that this person will be given full rights to establish user accounts for other users and these accounts may have access to submit claims for reimbursement or other sensitive information. I further acknowledge that the information above is true and correct.

Tassi Call		10/20/2026
Printed Name of Designated Official	Signature of Designated Official	Date
Tiffany Bucciarelli-Fay		10/20/2026
Printed Name of Authorized Representative	Signature of Authorized Representative	Date

Complete, sign, and submit this form to ADE-HNS via HelpDesk.