



**GOVERNING BOARD AGENDA ITEM  
AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

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**DATE OF MEETING:** October 25, 2022

**TITLE:** Approval of Arizona Department of Education Food Program Permanent Service Agreement Update Authorized Signers

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**BACKGROUND:**

The District's Food Program Permanent Service Agreement (Agreement) with the Arizona Department of Education (ADE) is required to be updated when changes in District staffing occur. The District's contracting with a FSMC necessitates this update. The electronic submittal of the Initiation Form For Electronic Food Program Permanent Service Agreement document will start the process for the ADE Health and Nutrition Services staff to update the Agreement and route to the District individuals for electronic signatures.

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**RECOMMENDATION:**

It is the recommendation of the Administration that the Governing Board updates the ADE Food Program Permanent Service Agreement by authorizing the Administration to electronically submit the Initiation Form For Electronic Food Program Permanent Service Agreement and authorize the Governing Board President to electronically sign the Food Program Permanent Service Agreement when received by ADE.

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**INITIATED BY:**

Richard C. La Nasa, Executive Manager, Operational Support

Date: October 19, 2022

Todd A. Jaeger, J.D., Superintendent



## INITIATION FORM FOR ELECTRONIC FOOD PROGRAM PERMANENT SERVICE AGREEMENT

This fillable PDF initiation form has been created for School Food Authorities (SFA) who wish to complete their Food Program Permanent Service Agreement (FPPSA) electronically. The FPPSA must be read in its entirety prior to completing this form. Once the SFA-specific information within this form is provided to The Arizona Department of Education (ADE), a member of ADE Health and Nutrition Services 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)

School Food Authority (Legal Name of Applicant): \_\_\_\_\_

Doing Business As (if applicable): \_\_\_\_\_

CTDS#: \_\_\_\_\_ Address: \_\_\_\_\_

A.R.S. number (15-183 (H) for Charter School, or 15-342 (13) for Public), otherwise leave blank: \_\_\_\_\_

### Page 18 - Certification Page (required information)

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

(2) Name of Official (or Governing Board Member) authorized to implement the programs: \_\_\_\_\_

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

(4) Date that the meeting or decision to implement the FPPSA took place: \_\_\_\_\_

(5) Legal name of the SFA: \_\_\_\_\_

(6) Name of Designated Official who will be signing the FPPSA (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
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### Page 19- Signature Page (required information)

Designated Official First & Last Name	Title	Email
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Authorized Signer (1) First & Last Name	Title	Email
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Authorized Signer (2) First & Last Name	Title	Email
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Authorized Signer (3) First & Last Name	Title	Email
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Email to  
ContactHNS@azed.gov