

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 <u>Food Program Permanent Service Agreement (FPPSA)</u> electronically. The <u>FPPSA</u> 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 (
Page 18 - Certification Page (required information)		
(1) County (in which the entity operating the programs is	located):	
(1)		
(2) Name of Official (or Governing Board Member) author	rized 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 F	PPSA took place:	
(5) Legal name of the SFA:		
(5) Legal name of the SFA		
(6) Name of Designated Official who will be signing the F Agreement):	•	e line 1 of the signature page of the
(7) Authorized Official or Governing Board Member (sam Note that the authorized official/governing board member		- ·
Authorized Official First & Last Name	Title	Email
Page 19- Signature Page (required information)		
Designated Official First & Last Name	Title	Email
Authorized Signer (1) First & Last Name	Title	
• (,)	Title	Email
Authorized Signer (2) First & Last Name	Title	Email
Authorized Signer (3) First & Last Name	Title	Email
		Submit to ADE HNS via

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

ADE HelpDesk in ADEConnect*