

COMMITMENT TO PARTICIPATE CHILD NUTRITION STATEWIDE PURCHASING PROGRAM SCHOOL YEAR 2020-2021

I, the undersigned, agree that my organization, _____, will participate in the Statewide Purchasing Program for dry, refrigerated and frozen food and nonfood items for the school year indicated above. I understand that my organization is obligated to purchase products according to the guidelines of the State Purchasing Program. In compliance with State Board of Education Policy Rule 17.8, I agree that when purchasing items covered by current contracts, I shall utilize only the brands approved, from the specified distributor. I shall, upon receipt of a correct invoice, submit payment to vendors contracted under this agreement within 45 days.

The State agency adheres to Federal procurement standards requirements and awards contracts to the lowest responsive bidders. If the services provided by these contracted vendors are unacceptable to my organization, I may elect not to participate in the following school year.

As a participant in the Statewide Purchasing Program, I understand that I may elect to participate in the below optional programs. Withdrawal from the optional programs may be completed with a letter requesting withdrawal with 30 days notice.

Please mark the additional optional programs that you wish to participate in during the school year:

- MILK
- ICE CREAM
- PRODUCE (Regions 3 thru 7 only)

Return completed form by emailing to SWPP@mdek12.org or by mailing form to:

Bill Urban, Director
Division of Purchasing & Food Distribution
MS Department of Education
Office of Child Nutrition
P.O. Box 771
Jackson, MS 39205

Signature of School Food Authority or Executive Director

Date

Print or Type Name of Person Signing

Title