



COMMITMENT TO PARTICIPATE

CHILD NUTRITION STATEWIDE PURCHASING PROGRAM SCHOOL YEAR 2024-2025

Participating Organization: _____
Print organization name above

I, the undersigned, agree that my organization, indicated above, will participate in the Statewide Purchasing Program for dry, refrigerated and frozen food, and nonfood items from July 1, 2024 through June 30, 2025. 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 full payment to vendors contracted under this agreement within 45 days.

The State agency adheres to State and Federal requirements in procuring goods and services for the Statewide Purchasing Program, 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 optional programs may be completed by submitting 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:

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 of Person Signing

This institution is an equal opportunity provider.