

Contracting Entity Name

Contracting Entity ID #

**2024-2025 Texas Department of Agriculture (TDA) CONTRACT  
CHECKLIST School Food Authority (SFA) / Food Service Management  
Company (FSMC) Contract**

**The Final RFP/Contract/Selection must be submitted for approval no later than April 1, 2024, for the 2024-2025 school year. Please select each box for which information and/or documents have been provided.**

1. Completed Contract RFP as stated in Section III PROPOSAL CONTENT AND SUBMISSION for each responsive FSMC vendor (This contract cannot be executed by the SFA until approved by TDA).
2. The individual evaluation committee members completed FSMC Proposal Score Card (Form A) for each vendor. The FSMC Vendor Committee Scoring Summary representing all vendors evaluated (Form B).
3. All proposals received by the SFA including any that were rejected and not evaluated.
4. Standards of Conduct and Certification for Procurement completed and signed by Committee Member Head/Observer/Other.
5. Procurement Standards of Conduct Certification Statements completed and signed by Committee Member Head/Observer/Other.
6. FSMC selection letter addressed to TDA on district letterhead communicating the CEs intent to award contract based on evaluation procedures.
7. Advertisement documentation.
8. Submit SFA Advisory Board members names and their title that assisted with 21-day menu planning cycle for the RFP and indicate by each name the school community the member represents.
9. Submit a copy of the SFA's Advisory Board meeting minutes/notes that address menu planning for the RFP.

District employee to contact - Provide the following information for the individual at the SFA responsible for answering questions and correspondence concerning its food service operation:

Name \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

I certify that the information and documentation provided herein is true and correct to the best of my knowledge and that I am the person authorized to sign herein.

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of person signing)

\_\_\_\_\_  
(Position/Title)