

# Summer Food Service Program (SFSP) Sponsor/Vendor Award Conference Agreements

This document assists SFSP sponsors that contract for meal service with establishing the subject matter that should be discussed, and agreed upon, during the meeting between the sponsor and vendor prior to SFSP operation. This document is not intended to be all-inclusive, and in no way relieves the sponsor or vendor from their respective responsibilities as established in federal regulations [7 CFR Part 225](#).

The following topics must be discussed by sponsor and vendor representatives. Each representative must sign in the spaces provided.

The preprogram sponsor/vendor meeting was held on: \_\_\_\_\_

The people in  
attendance were:

## A. Truck Routes

Establish a timeline for the issuance of the vendor's truck routes. A truck route is a listing of sites per vehicle in the order in which meals will be delivered. It does not establish delivery times.

The truck routes will be given to sponsor on or before \_\_\_\_\_  
*Date*

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## B. Preprogram Trial Delivery Run

A trial delivery run should be made if vendor feels sponsors serving times are difficult to meet.

A trial delivery run \_\_\_\_\_ be necessary.  
*will/will not*

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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## C. Billing System Disallowances

Sponsor and vendor agree that a bill must be presented that follows the format specified by the contract.

The sponsor agrees that reconciliation of the bill will occur within seven (7) days of receipt. The summary of all adjustments must be attached to the bill and mailed/faxed to the vendor.

The vendor agrees to respond, in writing, to the sponsor adjustments to the billing within seven days of receipt of the bill from the sponsor.

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## D. Meal Adjustments System

The sponsor must establish who within its organization is authorized to contact the vendor with meal increases/decreases and site openings/closings.

The sponsor has authorized \_\_\_\_\_ to communicate meal  
Name

increases and decreases, and site openings and closings to vendor representative. Vendor agrees to institute changes within \_\_\_\_\_ hours of notice.

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## E. Trip Schedule

Sponsor and vendor must establish procedures and timelines for reporting any site activity that will affect the regular delivery of meals.

Trip schedules will be communicated to vendor by \_\_\_\_\_  
Telephone/Letter/Fax/E-mail/Text

and must be received \_\_\_\_\_ hours in advance of the activity.

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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## F. Menu Changes

Sponsor will only consider menu changes when a scheduled item is unavailable to the vendor.

Vendor shall notify sponsor \_\_\_\_\_ hours in advance of need to change menu.

Sponsor must agree to the intended replacement item.

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## G. Site Delivery Form

Sponsor and vendor should agree on the procedure for the delivery form, including whether the site supervisor will be required to sign the delivery form and how much time will be allotted for meals to be counted.

Site supervisor's signature \_\_\_\_\_ be required on delivery form.  
*will/ will not*

Drivers will allow site supervisors \_\_\_\_\_ minutes to inspect and count meals.

A copy of the delivery form must be left at the site.

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

## H. Refrigeration

Sponsor and vendor must review the specifications highlighted in the Connecticut State Department of Education's (CSDE) *Summer Food Service Program (SFSP) Invitation for Bid and Contract (IFB) for Food Service Management Companies*. Vendor agrees to comply with the refrigerated truck specifications highlighted in the contract and will notify sponsor immediately if the need for changes arise.

Sponsor representative

Vendor representative

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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## I. Emergency Communication System

Sponsor and vendor must both identify office coverage schedule in writing below. In the event of an emergency, there must be someone available by phone in each location one hour prior to the earliest meal service delivery schedule OR an alternate phone number and contact person provided.

Sponsor office will be covered from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

OR alternate phone number and contact person \_\_\_\_\_

Sponsor representative

*Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

Vendor office will be covered from \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.

OR alternate phone number and contact person \_\_\_\_\_

Vendor representative

*Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

Copy sent to the Connecticut State Department of Education on \_\_\_\_\_ .  
*Date*

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For more information, refer to the CSDE's *SFSP Invitation for Bid and Contract (IFB) for Food Service Management Companies* and visit the CSDE's *SFSP* and *Food Service Management Company* webpages or contact the *Summer Meals staff* in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This form is available at [https://portal.ct.gov/-/media/SDE/Nutrition/FSMC/SFSP\\_Sponsor\\_Vendor\\_Award\\_Conference\\_Checklist.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/FSMC/SFSP_Sponsor_Vendor_Award_Conference_Checklist.pdf).

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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