# ATTACHMENT H

**PROCUREMENT AND FOOD SERVICE** **MANAGEMENT COMPANY**

**DECLARATION ISSUE**

*Please complete the required information listed below regarding* ***ANY*** *contract your SAU may have procured.*

**SAU/RA CONTACT INFORMATION**

SAU/RA #:

Contact Name:

Email:

Phone #:

List **All** School Name(s) under contract: *(use additional sheets if needed)*

**FOOD SERVICE MANAGEMENT COMPANY INFORMATION**

Name of Company:

**FSMC CONTRACT INFORMATION**

Annual TOTAL Value Contract: $ Applicable School Year:

Original Contract Date: Next Bid Year:

***Reminder: All original Food Service Management Contacts and/or Procurement Contracts and amendments must be reviewed by the State Agency prior to signing.***

**NON-FSMC CONTRACTS**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name of Company*** | ***Contract Value*** | ***Original***  ***Contract Date*** | ***Next Bid Year*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(use additional sheets, if needed.)*

*This institution is an equal opportunity provider.*

*Revised 7/2021*