

CHILD CARE FOOD PROGRAM

2024-2025 Procurement Requirements for Catered Meal Service

ATTESTATION

By signing below, I certify that I have read and understood the 2024-2025 Procurement Requirements for Catered Meal Service booklet. I also certify that I have followed proper competitive procurement procedures as required by the Child Care Food Program.

Organization Name:		
Authorization Number:		
Check if Sponsored Site:	YES	NO
CCFP Program Manager:		
	<i>Printed Name</i>	<i>Signature</i>
Date:		
Other Organization Official if Applicable:		
	<i>Printed Name</i>	<i>Signature</i>
Date:		

Please complete and send to the CCFP State office CateringContractInbox@flhealth.gov after reading the Procurement Requirements Guide.