

CHILD CARE FOOD PROGRAM

2022-2023 Procurement Requirements for Catered Meal Service

ATTESTATION

By signing below, I certify that I have read and understood the 2022-2023 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 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.