

SERVICE PROVIDER AGREEMENT

Form 1.2.11. (Rev. 07.2021)

State of California

Department of Food and Agriculture

Office of Grants Administration



SFMNP SERVICE PROVIDER AGREEMENT – AAA & PROVIDER

THIS AGREEMENT is effective during the year _____.

BETWEEN:

- 1. The Area Agency on Aging (AAA), PSA _____ and,
- 2. _____ (Service Provider).

THE AAA, PSA _____ AGREES TO:

- 1. Provides SFMNP checks to the Provider for distribution to SFMNP participants.
- 2. Ensure provider staff are trained on the instructional SFMNP Toolkit and materials.
- 3. Compile and provide check redemption rates.

THE _____ (Provider) AGREES TO:

- 1. Follow the federal SFMNP regulations and procedures described in the SFMNP Tool Kit:
- 2. Ensure the provider organization is neither debarred nor suspended and will notify CDFA immediately if the provider organization does in the future.
- 3. Control the receipt and security of SFMNP checks.
- 4. Identify and certify SFMNP participant eligibility.
- 5. Ensure the SFMNP check control log is complete and filled out accurately.
- 6. Distribute SFMNP check booklets to eligible participants.
- 7. Advise participants of their rights and responsibilities under the SFMNP.
- 8. Provide participants nutrition materials on the use and safe handling of produce.
- 9. Display USDA, FNS “Justice For All” poster with Non-Discrimination Statement at SFMNP check booklet distribution sites.
- 10. Ensure all provider staff administering the SFMNP receive training on SFMNP requirements and policies and procedures.
- 11. Return all SFMNP documentation, forms and unused check booklets to the AAA.
- 12. Report to the AAA the total number of check booklets distributed by October 15.

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By signing the agreement, the Provider acknowledges that the AAA cannot provide funds to administer the SFMNP and certifies that the Provider is neither suspended nor debarred from receiving federal funds.

Area Agency on Aging – PSA _____	Service Provider Organization:
Name of Representative:	Name of Representative:
Agency:	Organization Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Email:	Email:
Authorized Signature & Date:	Authorized Signature & Date: