



Manufacturer Appreciation Program (MAP) Letter of Participation Form

THIS FORM MUST BE FILLED OUT COMPLETELY FOR PARTICIPATION

Date (mm/dd/yyyy): _____
Contact Name: Christina Lin Title: Food Service Director
District/Foodservice Program Name: Palos Verdes Peninsula USD
District/Foodservice Program Address: 29323 Palos Verde Dr. E.
City: Rancho Palos Verdes State: CA Zip Code: 90275
Phone No.: 310-732-0900 x 781 Co-Op (if applicable): _____

Email (required for reporting): linc@pvpusd.net
Check payable to (if non-profit school food service account ("FSA") account, please list): Palos Verde Peninsula USD Food Service Dept.
How many schools/facilities/locations will be reporting to IPS? _____ Number of Students: 11,700
Who makes product ordering decisions (if different than above): _____
Title: _____ Email: _____
Mailing Address: (if different than above): _____
City: _____ State: _____ Zip Code: _____

☐ Yes ☒ No Are you a member of a Group Purchasing Organization ("GPO")? (Your Co-op is not a GPO)
If Yes, Name of GPO: _____
(Possible disqualifier unless willing to switch to IPS)
☐ Yes ☒ No Is your District/Facility's foodservice operated by a food service management company ("FSMC")?
If Yes, Name of FSMC: _____
(Possible disqualifier depending on which management company)
☐ Yes ☒ No Does your District/Facility or co-op have any agreements or arrangements that are DIRECTLY with a manufacturer NOT counting pricing agreements or arrangements with distributors? If Yes, name of manufacturers? (to prevent payment of duplicate rebates)? _____

ACKNOWLEDGEMENT AND AUTHORIZATION

☒ I authorize my Distributor Representative to provide IPS with all of my delivery locations and my account numbers

I am an authorized agent, owner or employee of the District or Facility identified above (collectively, "Member"). I represent that I have the authority to enter into this Letter of Participation ("LOP") with IPS on behalf of my District or Facility, and I agree to inform IPS should my authority change in any way that could affect our participation while we are sharing information as agreed in this LOP. To the best of my knowledge, all information provided to IPS in connection with this LOP up to now and during our relationship is and will be accurate and correct. If IPS should discover that any information important to our relationship that we provide is not correct, IPS has the right to bring this to my attention and to cancel or amend our participation in any and all programs. I also acknowledge that any current programs we desire to continue through a direct relationship with other SFAs, distributors, or manufacturers have been disclosed, and I understand that we may not be allowed to participate in the IPS Programs if my disclosure is not accurate and correct or is no longer accurate and correct because of future changes that I have not disclosed. Further, if it is discovered that a program exists that was not disclosed above, I agree that IPS may allow Member to remain as part of the IPS program (the "Program") on the condition that I will cancel such direct agreement within 5 business days and agree to repay any monies related to the undisclosed program(s). I acknowledge, that to the extent Member receives rebates on products purchased through a federally reimbursable program such as the National School Lunch Program and other similar Federal programs, such rebates must be remitted to the District's FSA. IPS represents to Member that IPS is not a FSMC and does not and will not contract with Member to manage any aspect of Member's school food service. IPS and Member agree that no Federal or state funds will be paid to IPS or will be used to purchase or otherwise fund the services which IPS is providing pursuant to this LOP. By signing this LOP, I am authorizing IPS and its associated companies to enroll the locations listed above in the Program as a Member, with the exception of any direct manufacturer agreements that the Member has. I authorize IPS to contact all distributors listed on this LOP, as well as manufacturers with which IPS has direct contracts, to obtain Member data including, but not limited to, product manufacturer, purchase volumes and dates, and pricing for the purpose of volume rebate tracking and opportunity analysis. I agree that IPS may receive financial consideration from the manufacturers and distributors that agree to participate in the Program with IPS. IPS promises to Member that all data that Member authorizes IPS to collect will be maintained on a confidential basis by IPS and any company contracted by IPS to analyze the data. IPS further promises that Member's data shall be used by IPS on behalf of Member solely for the purpose of processing rebates and to extend any other benefits due to all IPS Members. In the aggregate, such data shall only be used to improve manufacturers' and distributors' awareness of the purchasing trends and preferences of IPS Members relative to each manufacturer's or distributor's products and the industry. I agree to be contacted by IPS for the purpose of conducting a purchasing analysis on my reported purchases so that I may optimize my savings through the program.

Member Signature: _____ Date: _____

Print Name: _____ Title: _____