FORM A

Food Service Supplier Letter of Compliance

Name of Food Service Supplier:		
Address:		
Contact Name:	Phone No.: lier, have read and understand the requirements of the Ontario everage Policy. re selling toCatholic School the following requirements: beverage choices offered for sale to the school are from the <i>Sell</i> des nutrition facts and serving size, has been reviewed by a	
Contact E-mail:	Phone No.:	
We/I, the above named Food Service Supplier, h Ministry of Education's School Food and Bevera	•	
Ne/I have assessed the products that we are selling to Catholic School and affirm that, per Board policy, they meet the following requirements:		
All of the food choices and all of the beverage choices offered for sale to the school are from the Sell Most category.		
 The attached product list, which includes r Registered Dietitian of the local health unit 		
Signature – Registered Dietitian	Date	
Signature – Food Service Supplier	 Date	
Please send Letter of Compliance to:		
(Enter Name of School/Address here)		

For the full text copy of the Ministry of Education's School Food and Beverage Policy, please visit www.ontario.ca/healthyschools

<u>Administrative Procedures:</u> HEALTHY SCHOOL NUTRITION ADMINISTRATIVE PROCEDURES S-2011-04-6 HEALTHY SCHOOL NUTRITION POLICY STATEMENT S-2011-04-6 FORM A