



USDA Foods Program: Idaho Advisory Council Agreement

Please review the *USDA Foods Program: Idaho Advisory Council Member Rules* before completing the agreement.

The USDA Foods Program staff appoints individuals to the Idaho Advisory Council. This form must be completed upon appointment to the council.

Name

School District/Organization

Current Position

E-Mail

Phone/Contact

Please tell us how you are currently involved with USDA Foods programs and/or food service:

How many years have you been involved with USDA Foods programs?

Which category type fits your organization? *(Check one)*

Residential Child Care Institution

Public School

Private School

Private Nonprofit Organization (distributor/processor/broker representative)

Is your organization part of a purchasing group (Co-op)?

No

Yes

Name of purchasing group

Do you serve as a representative from your organization for any of these groups?

ISNA

Industry Council

Other

I hereby agree to serve on the Idaho Advisory Council for a period of: 2 years 3 years

By signing below you are acknowledging you have read the *USDA Foods Program: Idaho Advisory Council Member Rules* and agree to adhere to them and promote council values.

Idaho Advisory Council Member Signature:

Date:

Return this form to:

USDA Foods Team

E-mail: usdafoodsteam@sde.idaho.gov

Contact the USDA Foods team at (208) 332-6800 for any questions

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