



SCHEDULE D—WAIVER REQUEST

NOTE: Please refer to the attached instructions regarding the Good Faith Efforts required to support a waiver request.

To: City Colleges of Chicago Office of M/WBE Contract Compliance

Re: **Request for waiver from the City Colleges of Chicago MBE/WBE Contract Participation Plan**

The undersigned respectfully requests a waiver of the City Colleges of Chicago’s M/WBE Contract Participation Plan as detailed below. The request is made with the express understanding that the approval is not automatic and the circumstances and supporting documentation will be reviewed accordingly.

Project Name & Number: _____

Type of waiver: Full MBE (25%) Partial MBE (percentage to be waived) _____%

 Full WBE (7 %) Partial WBE (percentage to be waived) _____%

Reason for waiver:

- Sole Source Manufacturer
- Distributor – No Subcontractors
- Limited subcontracting opportunities
- Other _____

Submitted by: _____
Name and Title of authorized representative

Name of Bidder/Proposer Company

For CCC use only:

Granted: Full MBE Partial MBE _____% Full WBE Partial WBE _____%

Denied: Insufficient supporting documentation Sufficient pool of direct M/WBE vendors

User Department concurrence (for scope issues): _____

CCO initials/date: _____ Compliance Director/date _____



Fooda, Inc.
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Chicago, IL 60602
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01-12-2023

Schedule D Waiver Request for Food Service – Child Care Good Faith Efforts

To whom it may concern -

Fooda is requesting a waiver from City Colleges of Chicago MBE/WBE Contract Participation. Specifically related to childcare foodservice provider. Fooda has partnered with the current provider based on extensive research and recommendations as well as 3 years of service to date.

Good faith efforts were made to source a provider that would meet the requirements of MWBE participation. Fooda tried to locate a provider that met the MBE and WBE requirements, quality level, as well as the additional Illinois State Board of Education (ISBE) and pricing requirements necessary to execute the childcare program for City Colleges. Unfortunately, we were unable to locate a provider that met all of these criteria.

We have partnered with Food2You and they meet the ISBE, quality, and pricing requirements to be able to service the childcare food program at City Colleges of Chicago at a high level.

Kind regards,

Jay Speidel

Executive Vice President

Fooda, Inc.



Illinois State Board of Education

100 North First Street, W-270
Springfield, Illinois 62777-0001

Child and Adult Care Food Program (CACFP) Renewal of Competitively Bid Vended Meal Contract

NUTRITION AND WELLNESS PROGRAMS DIVISION

GENERAL INFORMATION:

1. Appropriate for CACFP organizations with annual meal purchases over **\$250,000**.
2. Once a CACFP organization has completed the competitive procurement process using **Invitation to Bid and Contract**, the initial contract may be renewed by mutual agreement for four consecutive one-year periods.
3. By completing this form, the CACFP organization is exercising its option to renew the food vendor contract with the company noted below.
4. A copy of the completed form must be returned to the Illinois State Board of Education (ISBE) at the above address along with a copy of the vendor's most recent public health inspection report and the vendor-signed **Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transactions**.

CACFP ORGANIZATION DATA

| | |
|---|--------------------------------------|
| NAME OF CACFP ORGANIZATION | AGREEMENT NUMBER |
| ADDRESS (Street, City, State, Zip Code) | CACFP ORGANIZATION CONTACT |
| | TELEPHONE NUMBER (Include Area Code) |

VENDOR DATA

| | |
|---|--------------------------------------|
| NAME OF VENDOR | CONTACT PERSON |
| ADDRESS (Street, City, State, Zip Code) | TELEPHONE NUMBER (Include Area Code) |

TERMS OF RENEWAL

1. Date contract was originally established: _____
2. Price of meals provided:

| | BREAKFAST | LUNCH | SUPPER | SNACK |
|--------------------------|-----------|-------|--------|-------|
| Price Currently Charged | | | | |
| Price for Renewal Period | | | | |
| Percent of Price Change* | | | | |

*Price increases should not exceed the current consumer price index.

3. Dates for which this renewal is in effect: _____ through _____.

ACCEPTANCE OF AGREEMENT

| VENDOR REPRESENTATIVE | CACFP ORGANIZATION REPRESENTATIVE |
|--|---|
| <i>Erica Saponaro</i> _____ Signature of Vendor Representative | _____ Signature of CACFP Representative |
| _____ Printed Name of Vendor Representative | _____ Printed Name of CACFP Representative |
| _____ Date Signed | _____ Date Signed |