***Appendix B***

Letter of Compliance to be completed by Food Vendor

**Food Vendor Name:**

**Address:**

**Phone Number:**

We/I the above named Caterer have read and understood the attached letter for Lunch Suppliers regarding the Niagara Catholic District School Board Food and Beverage Policy and are able to comply with the following requests:

* At least 80% of the food sold will be from the Sell Most category or food with Maximum Nutritional Value (eg. Fruit, vegetables, whole grain products, yogurt.
* No more than 20% of the food will be from the Sell Less category (eg. full fat cheese)
* Only beverages from the Sell Most category or beverages with maximum Nutritional Value will be sold, if offered (eg. Water, 100% juice, lower-fat milk)
* Do not sell any food and beverages from the Not Permitted for Sale category

❏ I have had my menu assessed by a registered dietitian

❏ I have attached registered dietitian’s assessment

To be a vendor for the Niagara Catholic District School Board, this signed form must be on file with the Principal prior to providing lunch at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of school). Please return the completed copy of this form to the Principal at   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
  
  
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager of Vendor Service**

*\*To be retained on file at the school for audit purposes*