



Manufacturer Appreciation Program (MAP) Letter of Participation Form

THIS FORM MUST BE FILLED OUT COMPLETELY FOR PARTICIPATION

Date (mm/dd/yyyy): _____

Contact Name: _____ Title: _____

District/Foodservice Program Name: _____

District/Foodservice Program Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Co-Op (if applicable): _____

Email (required for reporting): _____

Check payable to (if non-profit school food service account ("FSA") account, please list): _____

How many schools/facilities/locations will be reporting to IPS? _____ Number of Students: _____

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

Contact Distributor(s) Representative for account information

Distributor(s)* _____ Distributor Rep: _____

Distributor Rep Phone: _____ Distributor Rep Email: _____

*List primary broad line distributor(s).

☐ **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: _____

Please click "Submit for DocuSign" to return this form by email to
ips@ipsrebates.com or fax to 800-888-8124

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