

ATTACHMENT 4**Equivalent Product Request****SPECIFIED ITEM INFORMATION (From Price Proposal/Product Specification Form)**

RFP ITEM NUMBER: _____

RFP ITEM NAME: _____

SPECIFIED BRAND: _____

SPECIFIED ITEM CODE: _____

PROPOSED EQUIVALENT PRODUCT INFORMATION

MFR NAME: _____

MFR PRODUCT NAME: _____

MFR BRAND: _____

MFR ITEM CODE: _____

REQUIRED PRODUCT INFORMATION FOR PROPOSED EQUIVALENT:

The required documents must be current within the last three (3) years or they must be accompanied by a signed statement from the manufacturer guaranteeing that the information is still current and accurate.

- Nutrition Facts
- Ingredients List
- CN Label **or** Product Formulation Statement
- Preparation Instructions

The undersigned certifies the function, appearance, and quality of the proposed equivalent are equal or superior to specified item. The undersigned agrees, if this page is reproduced, to the terms and conditions for equivalents found in the proposal documents and that they apply to this proposed equivalent.

Request Submitted by:_____
Name_____
Signature (Entering a name in the signature line constitutes an E-Signature)_____
Company Name_____
Street Address_____
City, State, Zip_____
Date_____
Telephone Number_____
Email_____
Fax Number**For Use by District Staff**

- Sample Received
 - Nutrition Facts
 - Ingredients List
 - CN Label/PFS
 - Preparation Instructions
-
- Approved-Equal
 - Not Approved-No Sample
 - Not Approved-Sample Late : Date _____
 - Not Approved-Missing Documents
 - Not Approved- Not Nutritionally Equivalent
 - Not Approved-Taste Test Determined not Equivalent

By_____
Date

Remarks: