

**State of New Jersey Processor Selection System
(PSS) Form - SY2010-2011
Selection Period Dec 1/09 to Feb 28/10**



**Recipient Agencies (RA) MUST SUBMIT THIS FORM TO THE PROCESSOR LISTED BELOW BY
FEBRUARY 2, 2010.
IT IS STRONGLY SUGGESTED THAT CONFIRMATION OF RECEIPT IS RECEIVED BY THE RA.**

A. Completed by the Processor

USDA Commodity Code: A594

Processor Name: Silver Springs Farm, Inc

Contact Person: Barry Food Sales Barry Katz / Christa Baccare Phone: (215) 646-9771 (800) 378-1548

Fax: (215) 646-9776 email: cbaccare@barryfoodsales.com

B. Completed by the Recipient Agency Tier I _____ Tier II _____

Recipient Agency (RA) Name: _____ Code #: _____

Food Service Director Name: _____ Phone: _____

Fax: _____ email: _____

Food Service Management Company (FSMC) name if applicable _____

FSMC RAs **MUST** also submit with this document a letter with an original signature of the Business Administrator authorizing the FSMC to make the processing decision. Contact Peggy Salano for this letter at the Department of Agriculture/Food Distribution @(609)292-0337 or Peggy.Salano@ag.state.nj.us

C. The RA named above requests to be included in the first round of processing for the USDA commodity named above. Processor named above is hereby authorized to process the Processing Planned Assistance Level (PPAL) dollars listed here.

2010 -2011 PPAL dollars to this processor: \$ _____

(This dollar amount DOES NOT exceed the Food Distribution Program maximum allowed as per the Processor Selection Worksheet calculation)

It is understood that the products that have been selected are available through a processing contract between the processor named above and the State of New Jersey. These products conform with the most current approved Summary End Product Data Schedule (SEPDS)

Name of RA authorized signature authority _____

Title: _____ Signature: _____ Date: _____

D.

**VALUE PASS THROUGH
SYSTEM APPROVED (VPTS)
COMPLETED BY THE
PROCESSOR**

**STATE AGENCY APPROVAL
STATE OF NEW JERSEY**

Cheryl Goffus, SNS, Acting Chief FDP
Name and Title of Authorized Representative

Cheryl Goffus 11-24-2009
Signature Date

- | | | |
|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> | Direct Sale Discount –RA pays a net price to the Processor | <input type="checkbox"/> |
| <input type="checkbox"/> | Direct Sale Refund (Rebate) | <input type="checkbox"/> |
| <input type="checkbox"/> | Net Price through Distributor | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Fee for Service (billed by Processor) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Fee for Service (billed by Distributor) | <input type="checkbox"/> |

**RECIPIENT AGENCIES (RA)
MUST SELECT VALUE PASS
THROUGH SYSTEM (VPTS)
Check One Box**