Child Care Food Program Meal Service Agreement With District School Board/School Food Service

| Name of Sponsor/Inst | | . Head Start (Loretto) | | CNIPS ID: 11400 | | |
|--------------------------------|--|---------------------------------------|------------------------|--------------------------|----------------------|--|
| Contact Person: Janet Sheckles | | | | Phone No. (270) 692-2136 | | |
| \ddress: 332 Hood Av | venue P. O. Box 830 | | | | | |
| _ebanon Ky.40 | 0033 | | | | · . | , |
| | | | | | | ** |
| The Marion County | School District Food | Service agrees to furnish | n meals daily to the a | above child care cent | er for the period fr | om: |
| , | · | r holidays or other days | of in-operation com | plete with required (i | indicate below) | |
| (Date) (D | Pate) | paper produ | cts c | condiments _ | x milk | |
| Maal Typo / Ago | Estimated | Estimated No. of | Unit Price per | Total Price | Delivery or | |
| Meal Type/Age | Total No. of | Serving Days per | Meal | Total File. | Pick-up | |
| | Meals Per Day | Year | ivicar | | Time | |
| Breakfast(1-2) | Tricular Cr Duy | , Cui | | | | |
| Breakfast(3-5) | | | | | | |
| Breakfast (6-12) | | | | | | e de la companya de l |
| AM Snack(1-2) | | | | | | |
| AM Snack(3-5) | | | | | | |
| AM Snack(6-12) | | | | | | |
| _unch(1-2) | | | | | | |
| .unch(3-5) | 25 | 128 | \$2.75 | \$8800 | 10:45am | |
| .unch(6-12) | | | 2000 | | | |
| PM Snack(1-2) | | | | | | |
| PM Snack(3-5) | | | | | | |
| PM Snack(6-12) | | | | | | |
| | | | GRAND TOTAL PRIC | E: \$ <u>8800</u> | | * |
| The Marion County | School District Fo | od Service agrees to: | | | | . • |
| The _wanton county | Z School bistrict is | od Jervice agrees to. | | | | |
| nsure meals will me | et or exceed the Ch | nild and Adult Care Foo | od Program Meal I | Pattern for Childrer | n (attached). | |
| rovide meals in: <u>x</u> | bulk or | unitized | | | | |
| repare meals for: _ | x pick up by o | enter or deliv | ery by School Disti | rict Food Service at | the time(s) indic | ated above. |
| rovide delivery slips | using the KY CACFI | delivery slip form. | | | | 4 |
| ubmit billing invoice | e for payment by th | e <u>5th</u> | of each month | to mailing address | provided by cent | ter. |
| = | | n records for a period | of 3 years after th | ne end of the agree | ment period to w | hich they perta |
| hese records will be | made available to | the KY CACFP, represe | entatives of the U. | S. Department of A | griculture, the ch | ild care center |
| ne Kentucky Office o | of the Inspector Ger | neral. | | | | |
| Sponsor/Institution | agrees to pay for r | neals based on the ab | ove unit price(s) w | ithin <u>30</u> | days of receipt | of invoice. |
| Marion County | School District Food | d Service warrants me | als provided are sa | afe and wholesome | e, but that any lia | bility is severed |
| ipt of meals. If for a | any reason, this agr | eement is no longer d | lesired, either part | y may terminate th | nese services with | n a 2 week notif |
| VITNESS WHEREOF, | the parties hereto | have caused said agre | ement to be execu | uted by their duly a | uthorized officer | S. |
| D 0 | 1 N | | 10 | 0 61 | | |
| Tamelal | 2 dmil | · · · · · · · · · · · · · · · · · · · | By: Lath | up 6 Spar | how | 7-27-1. |
| Auth | norized Signature | Date | 8000 | Authorized Si | gnature | Λ. Date |
| Lead Start | Duell | | xichool / | petution T | nogram. | Director |
| | Title | | | Titl | ie <i>U</i> | |
| Child | Care Center | | <u> </u> | School District | Food Service | |
| | | | | | | |

Child Care Food Program Meal Service Agreement With District School Board/School Food Service

| Name of Sponsor/Ins | titution: Central K | y. Head Start (West Mai | in) | CNIPS ID: 1140 | | |
|---------------------------------|-----------------------|---|------------------|-----------------------|---------------------------------------|----------------------|
| Contact Person: Jane | et Sheckles | • . | | Phone No. (270) 692- | 2136 | |
| Address: 332 Hood A | | | | | | |
| Lebanon Ky. 4 | 10033 | · . | **. | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| The Marion County 08/01/15 to | | Service agrees to furnise pt for holidays or other | | | | |
| (Date) | (Date) | | | | , | |
| • | | paper products | . <u></u> | condiments _ | <u>x</u> milk | |
| Meal Type/Age | Estimated | Estimated No. of | Unit Price p | er Total Price | Delivery or | |
| | Total No. of | Serving Days per | Meal | | Pick-up | |
| | Meals Per Day | Year | | | Time | |
| Breakfast (1-2) | | | | | | |
| Breakfast (3-5) | | | | | | |
| Breakfast (6-12) | | | | | | |
| AM Snack(1-2) | | | | | | |
| AM Snack(3-5) | | | | | | |
| AM Snack(6-12) | | | | | | |
| Lunch(1-2) | | 100 | 22142 | | 0.05 | |
| Lunch(3-5) | 50> | 128 | \$2.75 | \$17,600 | 10:45am | |
| Lunch(6-12) | | | | | | |
| PM Snack(1-2) | | | | | | |
| PM Snack(3-5) PM Snack(6-12) | | | | | | - |
| PIVI SHACK(0-12) | | | GRAND TOTAL P | RICE: \$ 17,600 | |] . |
| · | | | | | _ | |
| The <u>Marion Coun</u> | school Distr | ict Food Service agree | es to: | • . • | | |
| Encure meals will me | eet or evened the Ch | ild and Adult Care Fo | od Program Me | al Pattern for Child | ren (attached) | |
| Provide meals in: | . • | | ou i rogram ivie | arratteririor cijildi | ren (attacheu). | |
| Prepare meals for: | | | very by School F | istrict Food Service | at the time(s) ind | licated above |
| Provide delivery slips | | · | ery by scrioor b | istrict i ood service | at the time(s) mu | icated above. |
| Submit billing invoice | = . | | of each mor | nth to mailing addre | ass provided by ce | ontar |
| | | n records for a period | | | | |
| | | the KY CACFP, represe | • | | • | |
| the Kentucky Office | | | entatives of the | o.s. Department o | Agriculture, the | crina care cerrier a |
| the Rentacky Office | of the hispector der | · | | | | |
| e Sponsor/Institution | n agrees to pay for n | neals based on the ab | ove unit price(s |) within 30 | days of receip | ot of invoice. |
| • | | rvice warrants meals | | | | |
| | | reement is no longer (| | | | |
| | , | | | | | |
| WITNESS WHEREOF, | the parties hereto | ha <u>ve cau</u> sed said agre | ement to be ex | ecuted by their dul | y authorized office | ers. |
| : Pamelale | Anus | | Ву: | hy 6 Spa | Krow | 7-27-15 |
| Auti | norized Signature | Date | λ . | Authorized | Signature | Date |
| Island Start | - Duelle | | Achos | petretion | Thogram | Derector |
| | Title | | | | iitie <i>U</i> | |
| | | · | | 0.1 . 1.01 | 1 F | <u> </u> |

Child Care Food Program Meal Service Agreement With District School Board/School Food Service

| Contact Person: Jane | titution: Central Ky. | <u> </u> | | PS ID: 11400 | | |
|--|--|---|---|--|--|--|
| energy and the second second | t Sheckles | | Pho | ne No. (270) 692-21 | 36 | |
| ddress: 332 Hood A | venue P.O. Box 830 | | | | | |
| ebanon, Ky. | 40033 | | | | | |
| | | | | | | |
| | | ervice agrees to furnish | | | | i: |
| | | or holidays or other day | rs of in-operation cor | nplete with required | (indicate below): | |
| (Date) | (Date) | paper products | condim | ents x | milk | |
| | | | | | | |
| Meal Type/Age | Estimated | Estimated No. of | Unit Price per | Total Price | Delivery or | |
| | Total No. of | Serving Days per | Meal | | Pick-up | |
| | Meals Per Day | Year | | | Time: | |
| reakfast(1-2) | | | 1. | | | |
| reakfast(3-5) | | | | | | |
| reakfast(6-12) | | | | | | |
| M Snack(1-2) | | | | | | |
| M Snack(3-5) | | | | | | |
| M Snack(6-12) | | | | | | |
| unch(1-2) | | | | | | |
| unch(3-5) | 35 | 128 | \$2.75 | \$12,320 | 10:45am | |
| unch(6-12) | | | | | | |
| M Snack(1-2) | | | | | | |
| M Snack(3-5) | | | | | | |
| M Snack(6-12) | | | | | | |
| | | | GRAND TOTAL PRIC | ::\$ <u>12,320</u> | | |
| ho Marion Coun | ty School District Ea | od Service agrees to: | | | | |
| ne <u>Manon Coun</u> | TA Delloof District to | od Service agrees to. | | | | |
| | ot or overed the Ob | ild and Adult Care Fo | od Program Meal F | attern for Childre | n (attached). | |
| sure meals will me | iet or exceed the Ch | | | | | |
| | | tized | | | | |
| ovide meals in: <u>x</u> | bulk oruni | | v bv School District | Food Service at th | ne time(s) indicated | d above. |
| ovide meals in: <u>x</u> epare meals for: _ | bulk oruni _x pick up by cen | ter or delivery | y by School District | Food Service at th | ne time(s) indicated | d above. |
| ovide meals in: <u>x</u> epare meals for: _ ovide delivery slips | bulk oruni _x pick up by cen s using the KY CACFP | ter or delivery delivery slip form. | | | | |
| ovide meals in: <u>x</u> epare meals for: _ ovide delivery slips bmit billing invoice | bulk oruni _xpick up by cen susing the KY CACFP e for payment by the | ter or delivery delivery slip form. e5 th | of each month | to mailing address | provided by cente | r. |
| ovide meals in: <u>x</u> epare meals for: <u></u> ovide delivery slips bmit billing invoice aintain receipts an | bulk oruni _x pick up by cen susing the KY CACFP e for payment by the d cost determination | ter or delivery delivery slip form. be5 th n records for a period | of each month I of 3 years after th | to mailing address e end of the agree | provided by cente ment period to wh | r. nich they pertain. |
| ovide meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an ese records will be | bulk oruni _x pick up by cen s using the KY CACFP e for payment by the d cost determination made available to t | ter or delivery delivery slip form. e5 th n records for a period the KY CACFP, represe | of each month I of 3 years after th | to mailing address e end of the agree | provided by cente ment period to wh | r. nich they pertain. |
| ovide meals in: <u>x</u> epare meals for: _ ovide delivery slips ibmit billing invoice aintain receipts and ese records will be | bulk oruni _x pick up by cen susing the KY CACFP e for payment by the d cost determination | ter or delivery delivery slip form. e5 th n records for a period the KY CACFP, represe | of each month I of 3 years after th | to mailing address e end of the agree | provided by cente ment period to wh | r. nich they pertain. |
| ovide meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an lese records will be e Kentucky Office o | bulk oruni x pick up by cen s using the KY CACFF e for payment by the d cost determination e made available to to of the inspector Gen | ter or delivery delivery slip form. e5 th n records for a period the KY CACFP, represe | of each month l of 3 years after the entatives of the U.S | to mailing address se end of the agree S. Department of A | provided by cente ement period to wh griculture, the chil | r. nich they pertain. d care center and |
| ovide meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an ese records will be e Kentucky Office of The Sponsor/In | bulk or uni _x pick up by cen s using the KY CACFP e for payment by the d cost determination e made available to to of the Inspector Gen | ter or delivery delivery slip form. e5 th n records for a period the KY CACFP, represe | of each month l of 3 years after the entatives of the U.: on the above unit p | to mailing address ie end of the agree 5. Department of A rice(s) within <u>30</u> | provided by cente ement period to wh griculture, the chil | er. nich they pertain. d care center and receipt of invoice |
| ovide meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an ese records will be e Kentucky Office of The Sponsor/In Marion County Sc | bulk or uni x pick up by cen s using the KY CACFF e for payment by the d cost determination made available to the of the Inspector Gen estitution agrees to p hool District Food Se | ter or delivery delivery slip form. by | of each month of 3 years after the entatives of the U.S on the above unit p | to mailing address se end of the agree S. Department of A rice(s) within <u>30</u> and wholesome, l | provided by centerment period to whe griculture, the chile and the chile are the chile | er. nich they pertain. d care center and receipt of invoice y is severed upon |
| ovide meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an ese records will be e Kentucky Office of The Sponsor/In Marion County Sc | bulk or uni x pick up by cen s using the KY CACFF e for payment by the d cost determination made available to the of the Inspector Gen estitution agrees to p hool District Food Se | ter or delivery delivery slip form. e5 th n records for a period the KY CACFP, represe | of each month of 3 years after the entatives of the U.S on the above unit p | to mailing address se end of the agree S. Department of A rice(s) within <u>30</u> and wholesome, l | provided by centerment period to whe griculture, the chile and the chile are the chile | er. nich they pertain. d care center and receipt of invoice y is severed upon |
| ovide meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an ese records will be e Kentucky Office of The Sponsor/In Marion County Sc eals. If for any reas | bulk or uni x pick up by cen s using the KY CACFP e for payment by the d cost determination e made available to to of the Inspector Gen astitution agrees to p hool District Food Se | ter or delivery delivery slip form. by delivery slip form. control of the KY CACFP, representation of the KY CACFP, r | of each month of 3 years after the entatives of the U.S. on the above unit provided are safe either party may t | to mailing address te end of the agree 5. Department of A rice(s) within <u>30</u> and wholesome, l erminate these ser | provided by centerment period to whe griculture, the child days of but that any liability vices with a 2 wee | er. nich they pertain. d care center and receipt of invoice y is severed upon k notification. |
| epare meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an ese records will be e Kentucky Office of The Sponsor/In Marion County Sc eals. If for any reas | bulk or uni x pick up by cen s using the KY CACFP e for payment by the d cost determination e made available to to of the Inspector Gen astitution agrees to p hool District Food Se | ter or delivery delivery slip form. by | of each month of 3 years after the entatives of the U.S. on the above unit provided are safe either party may the ement to be executed. | to mailing address the end of the agree of t | provided by centerment period to whe griculture, the child days of but that any liability vices with a 2 wee | er. nich they pertain. d care center and receipt of invoice y is severed upon k notification. |
| epare meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an lese records will be e Kentucky Office of The Sponsor/In Marion County Sc eals. If for any reas ITNESS WHEREOF, Parella G. | bulk oruni _x _ pick up by cen using the KY CACFP of for payment by the doost determination made available to the Inspector Gen institution agrees to phool District Food Secon, this agreement the parties hereto here. | ter or delivery delivery slip form. by delivery slip form. control of the KY CACFP, representation of the KY CACFP, r | of each month of 3 years after the entatives of the U.S. on the above unit provided are safe either party may the ement to be executed. | to mailing address the end of the agree of the agree of the agree of the agree of the end of the end wholesome, it is and wholesome, it is the end of the | provided by centerment period to who griculture, the child days of but that any liability vices with a 2 week authorized officers. | er. nich they pertain. d care center and receipt of invoice y is severed upon k notification. |
| epare meals in: _x epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts an ese records will be e Kentucky Office of The Sponsor/In Marion County Sc eals. If for any reas ITNESS WHEREOF, Tarnel G. | bulk or uni x pick up by cen s using the KY CACFP e for payment by the d cost determination e made available to to of the Inspector Gen astitution agrees to p hool District Food Se | ter or delivery delivery slip form. by delivery slip form. control of the KY CACFP, representation of the KY CACFP, r | of each month of 3 years after the entatives of the U.S. on the above unit provided are safe either party may the ement to be executed. | to mailing address the end of the agree of t | provided by centerment period to whe griculture, the child days of but that any liability vices with a 2 week authorized officers. | er. nich they pertain. d care center and receipt of invoice y is severed upon k notification. |
| epare meals in: _x epare meals for: _ epare meals mill be epare meals for any reases the seals. If for any reases the seals where for any reases the seals for any reases for any | bulk oruni _x _ pick up by cen using the KY CACFP of for payment by the doost determination made available to the Inspector Gen institution agrees to phool District Food Secon, this agreement the parties hereto here. | ter or delivery delivery slip form. by delivery slip form. control of the KY CACFP, representation of the KY CACFP, r | of each month of 3 years after the entatives of the U.S. on the above unit provided are safe either party may the ement to be executed. | to mailing address the end of the agree of the agree of the agree of the agree of the end of the end wholesome, it is and wholesome, it is the end of the | provided by centerment period to who griculture, the child days of but that any liability vices with a 2 week authorized officers. | er. nich they pertain. d care center and receipt of invoice y is severed upon k notification. |