Name of Sponsor/Institution: Central Ky. Head Start (Loretto)				CNIPS ID: 11400		
Contact Person: Janet Sheckles Address: 332 Hood Avenue P. O. Box 830				Phone No. (270) 692-2136		
Kanada Sanada						
The Marie C						
10/1/16 to 9/30	School District Foo	d Service agrees to furnis	h meals daily to the a	bove child care ce	nter for the period	from:
	Date)	holidays or other days of	in-operation complet	e with required (ir	ndicate below)	
		paper produ	cts co	ondiments	_x_ milk	
Meal Type/Age	Cotinents	T =				
Wedi Type/Age	Estimated Total No. of	Estimated No. of	Unit Price per	Total Price	Delivery or	
	Meals Per Day	Serving Days per	Meal		Pick-up	
Breakfast(1-2)	Wicais Fel Day	Year		<u> </u>	Time	
Breakfast(3-5)	CONTRACTOR OF THE STATE OF THE					
Breakfast(6-12)						
AM Snack(1-2)	10 A	100 (100 (100 (100 (100 (100 (100 (100				
AM Snack(3-5)	76 74 74 74 7					
AM Snack(6-12)						
Lunch(1-2)						
Lunch(3-5)	25	128	\$3.00	N. P. Carlotte	Bearing	
Lunch(6-12)			55:00	\$9600	10:45am	
PM Snack(1-2)						
PM Snack(3-5)	1,000					
PM Snack(6-12)						
	780 41 800 800 800 800 800 800 800 800 800 80	GF	RAND TOTAL PRICE: \$	9600		
The <u>Marion County</u>	School District Foo		, and a second s	3000		
nsure meals will meet	or exceed the Chi	ا میلید المسلم	_			
rovide meals in: _x	bulk or	ld and Adult Care Food	Program Meal Patt	ern for Children	(attached).	
repare meals for:	uick up by so	mtan au	_			
rovide delivery slips u	sing the KV CACED	nter or delivery	by School District	Food Service at t	the time(s) indica	ted above.
laintain receipts and c	ost determination	5 th	of each month to n	nailing address p	provided by cente	r.
	OUT ACTOURNING FROM	THURSTON A DOMOG OF	2 Manual Afternal	1 6 . 1		
ne Kentucky Office of t			atives of the U.S. De	epartment of Agi	riculture, the child	d care center a
Sponsor/Institution ag	rees to nay for mo	idi.				
Marion County Sch	nool District Food S	als based on the above	unit price(s) within	30	days of receipt of	finvoice.
		ment is no longer desil ve caused said agreem				2 week notific
			Dv.			
Authoriz	zed Signature	Date	Ву:	Authorized Sign	ature	Date
Ti	tle			Title		-
				1106		

Contact Person: Janet Sheckles				Phono No. (270) 602-2126		
Address: 332 Hood Avenue P. O. Box 830				Phone No. (270) 692-2136		
I transport and the surface, also can have	1 3 4 1 1 No. 14					
Lebanon Ky.4	0033					
10/1/16 to 9/30		Service agrees to furnisl nolidays or other days of	in-operation complet	e with required (in	dicate below)	om:
		paper produ	icts co	ondiments	<u>x</u> milk	
Meal Type/Age	Estimated Total No. of Meals Per Day	Estimated No. of Serving Days per Year	Unit Price per Meal	Total Price	Delivery or Pick-up Time	
Breakfast(1-2)			<u> </u>			
Breakfast(3-5)						
Breakfast(6-12)		de de la desarra després de la desarra de la desarra de la del de la d La deligión de la deligión deligión deligión de la deligión deligión de la deligión de la deligión de la deligión deligión de la deligión deligi				
AM Snack(1-2)						
AM Snack(3-5)						
AM Snack(6-12)						
Lunch(1-2)						
Lunch(3-5)	25	128	\$3.00	\$9600	10:45am	
Lunch(6-12)			14.00, 5.50 F2	h. sub-reprinte	For the State of State of	
PM Snack(1-2)						
PM Snack(3-5)						
PM Snack(6-12)						
Ensure meals will me Provide meals in: _x Prepare meals for: _ Provide delivery slips Submit billing invoice Maintain receipts and These records will be the Kentucky Office Sponsor/Institution	eet or exceed the Classification bulk or bulk or s using the KY CACF er for payment by the cost determination made available to of the Inspector Gen agrees to pay for a School District Foo	center or deliv P delivery slip form. Te5 th on records for a period the KY CACFP, represe	od Program Meal Parery by School Distri of each month to do f 3 years after the entatives of the U.S. ove unit price(s) with the provided are safter the eals provided are safter the entatives.	ct Food Service a o mailing address e end of the agree Department of A thin 30	t the time(s) indic s provided by cent ement period to w Agriculture, the ch days of receipt e, but that any lia	ter. which they pertainild care center and of invoice. bility is severed u
WITNESS WHEREOF,	the parties hereto	have caused said agre	ement to be execut			s.
Autl	norized Signature	Date		Authorized S	ignature	Date
	Title			Tit	le	
Child	Care Center		-	School District	Food Service	

Name of Sponsor/Institution: Central Ky. Head Start (Lebanon)			CNI	CNIPS ID: 11400		
Contact Person: Janet Sheckles Address: 332 Hood Avenue P.O. Box 830				Phone No. (270) 692-2136		
The state of the s	The American State of the Control of					
Lebanon, Ky.	40033					
				·		-
The Marion County	School District Food	Service agrees to furnish	meals daily to the ab	ove child care cent	ter for the period fr	
	<u>9/30/17 </u>	or holidays or other days	of in-operation comp	ete with required	(indicate below):	om:
(Dutc)	(Date)	paper products				
		puper products	condime	ents <u>x</u>	milk	
Meal Type/Age	Estimated	Estimated No. of	Unit Price per	Total Price	D-line	
	Total No. of	Serving Days per	Meal	TOTAL PITCE	Delivery or	
	Meals Per Day	Year	Ivicui		Pick-up	
Breakfast(1-2)					Time	
Breakfast(3-5)	34 - 4 - 135 (F 3447) +				+	
Breakfast(6-12)						
AM Snack(1-2)		1000000			 	
AM Snack(3-5)					 	
AM Snack(6-12)	1.00					
Lunch(1-2)	14,700					
_unch(3-5)	30	128	\$3.00	E49/F3A	1202024220343	
unch(6-12)	100	120	95,00	\$11,520	10:45am	
PM Snack(1-2)						
PM Snack(3-5)		<u> </u>				
PM Snack(6-12)						
	Control of the second s	6	RAND TOTAL PRICE:	44.500		
			MANU TOTAL PRICE:	11,520		
he <u>Marion Count</u> y	School District Foo	od Service agrees to:				
sure moals will man		• • • • • •				
ovido monto im mee	t or exceed the Chi	ld and Adult Care Food	l Program Meal Pat	tern for Children	(attached).	
ovide meals m: _x_	_ bulk orunit	ized				
epare meals for:	c pick up by cent	er or delivery l	by School District Fo	ood Service at the	time(s) indicated	l above
ovide delivery slips u	ising the KY CACFP	delivery slip form.				
bmit billing invoice f	or payment by the	5 th	of each month to	mailing address r	rovided by cente	-
and receipts and	cost determination	records for a period o	f 3 vears after the c	nd of the assess.		
	in Ol Sidning as a see.	ie ni cacre, represeni	atives of the U.S. D	epartment of Ag	ricultura the child	ich they pe
Kentucky Office of	the Inspector Gene	ral.		-banancine of ViB	ricaltare, the child	i care cent
		•				
The Sponsor/Insti	itution agrees to pa	ay for meals based on t	the above unit price	u(s) within 20	م داد	
	or pistrict i dod 361	vice warrants meals ni	'Ovided are cafe and	1b a l a a		
als. If for any reasor	n, this agreement is	no longer desired, eit	her party may torm	i wholesome, bu	t that any liability	is severed
•	<u> </u>	ionger aconcu, ell	iiei haity may term	mate these servi	ces with a 2 week	notification
NESS WHEREOF, the	e parties hereto ha	ve caused said agreem	ent to be assessed	Location 1 to		
	,	causeu saiu agreem	ent to be executed	by their duly aut	horized officers.	
Authori	zed Signature	Date	Ву:	Anala 1 Ani		
		Dute		Authorized Sign	ature	Date
T	itle			Tiela		
				Title		
Child Car	e Center			chool District Fo	nd Service	

Contact Person: Jane	t Sheckles		Pho	ne No. (270) 692-23	_	
Address: 332 Hood A						-
Lebanon, Ky.	5 A. 1989, A. (I					-
	Pro-Profession (Astronomy)					7
		Service agrees to furnish r holidays or other days o		lete with required (indicate below):	m:
Meal Type/Age	Estimated Total No. of Meals Per Day	Estimated No. of Serving Days per Year	Unit Price per Meal	Total Price	Delivery or Pick-up 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)			Nove a self	Le vines and	\$25000 x 3 5 7 13	
Lunch(3-5)	30	128	\$3.00	\$11,520	10:45am	
_unch(6-12)						
PM Snack(1-2)						
PM Snack(3-5)						
PM Snack(6-12)			GRAND TOTAL PRIC	: \$ 11,520		
nsure meals will me rovide meals in: _x repare meals for: _ rovide delivery slips ubmit billing invoice Naintain receipts an	eet or exceed the Charles bulk orununx pick up by cers using the KY CACF e for payment by the d cost determination and e made available to	nter or delivery P delivery slip form. The5 th The records for a period the KY CACFP, represe	od Program Meal F y by School District of each month I of 3 years after th	Food Service at to to mailing addres e end of the agre	he time(s) indicate s provided by cent ement period to w	er. hich they pertain.
Marion County Sc neals. If for any read	hool District Food S son, this agreemen	pay for meals based of service warrants meals t is no longer desired, have caused said agre	s provided are safe either party may t ement to be execu	and wholesome, erminate these se	but that any liabili rvices with a 2 wee	ty is severed upon ek notification.
Auth	norized Signature	Date	Ву:	Authorized S	ignature	Date
	Title			Tit	:le	
Child	Care Center		 	School District	Food Service	

Name of Sponsor/Institution: Central Ky. Head Start (West Main)				CNIPS ID: 1140		
Contact Person: Janet Sheckles				Phone No. (270) 692-2136		
Address: 332 Hood	POR Cale and the Market of					- .
Lebanon Ky.	40033					_
The Marion County	_School District Foo	d Service agrees to furnis	h meals daily to the	above child care cen	ter for the period	from
	<u>9/30/17</u> excep (Date)	ot for holidays or other d	ays of in-operation (complete with require	ed (indicate below);
(=,0.0)	(Date)	paper products				,-
		paper products	co	ndiments	x milk	
Meal Type/Age	Estimated	Estimated No. of	Unit Price per	Total Price	Dolivorus	
	Total No. of	Serving Days per	Meal	TotalTice	Delivery or Pick-up	
	Meals Per Day	Year			Time	
Breakfast(1-2)					Time	
Breakfast(3-5)				 	 	
Breakfast(6-12)				 		
AM Snack(1-2)					 	
AM Snack(3-5)		72.45	, , , , , , , , , , , , , , , , , , , ,			
AM Snack(6-12)						
Lunch(1-2)				 		
unch(3-5)	50	128	\$3.00	\$19,200	A O. A.F.	
.unch(6-12)			AND SHOW OF SHOWING	\$15,200	10:45am	
PM Snack(1-2)						
PM Snack(3-5)						
PM Snack(6-12)				l		
		G	RAND TOTAL PRICE	· \$ 19.200		
bo Marian C.				. Ψ13,200		
ne <u>wanon count</u>	Control Distriction	ct Food Service agrees	to:			
sure meals will mee	t or exceed the Chi	ld and Adult Come For	l Borra de la compansión de la compansió			
ovide meals in: <u>x</u>	hulk or	ld and Adult Care Food	Program Meal Pa	attern for Children	(attached).	
epare meals for:						
ovide delivery slins u	sing the KV CACER	nter or deliver	y by School Distri	ct Food Service at t	he time(s) indica	ted above.
ovide delivery slips u	on mount out to the	delivery slip form				
sintain receipts and	or payment by the	5 th	of each month to	mailing address p	rovided by cente	er.
and to compression and t	cost defermingflou	records for a period of	F3 vears after the	and aftle		
	THE GRANGE TO THE	ie ni CACEE, lebresent	atives of the U.S.	Department of Agr	iculture, the child	d care center
Kentucky Office of	the inspector Gene	ral.				
mamaaa//						
ponsor/institution a	grees to pay for me	als based on the above	e unit price(s) witl	nin <u>30</u>	davs of receipt o	f invoice
The state of the s	i pisti ici Lood 261 A	ice warrants meais ara	wided are cafe an	بييا ويتناهماندواه		
of meals. If for an	y reason, this agree	ement is no longer des	ired, either party	may terminate the	se services with a	a 2 week noti
						a z week nou
INESS WHEREOF, the	e parties hereto ha	ve caused said agreem	ent to be execute	d by their duly auti	norized officers	
			Ву:	,	.orized officers.	
Authori	zed Signature	Date		Authorized Signa	ature	Date
T	itle					Pale
11	ilie			Title		
Child Car	e Center					
				School District Foo	d Service	

Contact Person: Jane	t Sheckles		Pho	Phone No. (270) 692-2136		
Address: 332 Hood A	venue P.O. Box 830					,
Lebanon Ky. 4	10033		.,,		· - (
		d Service agrees to furnisl t for holidays or other da paper products	ays of in-operation co	omplete with requir		m:
Meal Type/Age	Estimated Total No. of Meals Per Day	Estimated No. of Serving Days per Year	Unit Price per Meal	Total Price	Delivery or Pick-up 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)			(4 0 € 0 € 2 € 3	12 secution + 12 9	27 <u>2</u> 755 2 257	
Lunch(3-5)	50	128	\$3.00	\$19,200	10:45am	
Lunch(6-12)						
PM Snack(1-2)						
PM Snack(3-5)						
PM Snack(6-12)			GRAND TOTAL PRIC	 E : \$ 19,200		
Ensure meals will me Provide meals in: Prepare meals for: _ Provide delivery slips Submit billing invoice Maintain receipts an	eet or exceed the Cl x bulk or x pick up by a s using the KY CACF e for payment by th d cost determination e made available to	center or deliv P delivery slip form. ne5 th on records for a period the KY CACFP, represe	od Program Meal I ery by School Disti of each month I of 3 years after th	rict Food Service a to mailing addres ne end of the agre	nt the time(s) indicat s provided by center ement period to wh	r. ich they perta
Marion County Sch ceipt of meals. If for WITNESS WHEREOF,	ool District Food Se any reason, this ag the parties hereto	meals based on the abervice warrants meals preement is no longer of the have caused said agre	provided are safe a desired, either par	and wholesome, b ty may terminate uted by their duly	ut that any liability i these services with a authorized officers.	is severed upo a 2 week notif
Auth	norized Signature Title	Date		Authorized S	Signature Lile	Date
Child	Care Center			School District	Food Service	
unila	Care Cellier			ついけいい かいいだん	ひひは うせいいしせ	