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

Name of Sponsor/Institution: Central Ky. Head Start (Lebanon)			CNI	PS ID: 11400		
Contact Person: Janet Sheckles				ne No. (270) 692-21		
Address: 332 Hood A	Avenue P.O. Box 830			,		_
Lebanon, Ky.	40033					
						_
The Marion County	School District Food	Service agrees to furnish	meals daily to the al	oove child care cente	r for the period fro	 om:
		holidays or other days of	fin-operation comple	ete with required (in	dicate below):	
(Date)	(Date)	paper products	condime	ents v	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	
Breakfast(1-2)						
Breakfast(3-5)						
Breakfast (6-12)						
AM Snack(1-2)						
AM Snack(3-5)						
AM Snack(6-12)						
Lunch(1-2)			S. S			
_unch(3-5)	45	128	\$3.00	\$17,280	10:45am	
_unch(6-12)						
PM Snack(1-2)						
PM Snack(3-5)						
PM Snack(6-12)	22.00					
		(GRAND TOTAL PRICE	: \$ 17,280		
The Marien Coun	tu School District Fa	ood Service agrees to:				
Theivianon coun	ity School District FC	ood service agrees to:				
nsure meals will me	eet or exceed the Ch	nild and Adult Care Foo	od Program Meal P	attern for Children	(attached).	
	bulk or uni		0			
		iter or delivery	by School District	Food Service at th	e time(s) indicate	ed above
		delivery slip form.	,		o umaço, manazo	.u ubove.
	e for payment by the		of each month	to mailing address	provided by cent	or
_		n records for a period		_	•	
		the KY CACFP, represe				
	of the Inspector Ger		intatives of the 0.5	. Department of Ag	griculture, the cri	nu care center and
ie nemacky office c	or the mopeotor der	ici di.				
The Sponsor/In	stitution agrees to	pay for meals based or	a tha ahaya yait a	rico/s) within 20	da £	
		ervice warrants meals				freceipt of invoice
icais. Il loi ally leas	on, this agreement	is no longer desired, e	either party may te	rminate these serv	ices with a 2 wee	ak notification.
/ITMESS WHEDEOE	the parties herete l	anna caucad said agus				
Parnela a,	tije parties nereto r	nave caused said agree	/1.	X X / / / / /	itnorized officers	· als/m
	orized Signature		By:	Authorized Sig	Instille	0/2/1
Din	Utou	Date	5	Authorized Sig	() A	Date
	Tjtle			Title		1
CKCAC .	Head Start		<i>人</i>	Varion Co	Whic Sch	eo ls
Child (Care Center			School District F	ood Service	

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

Contact Person: Jane	Pho	Phone No. (270) 692-2136				
Address: 332 Hood A	venue P.O. Box 830					
Lebanon, Ky.	40033					
,						
		Service agrees to furnish				m:
		holidays or other days of	f in-operation comple	ete with required (inc	dicate below):	
(Date)	(Date)	paper products	condime	nts 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	
Breakfast(1-2)						
Breakfast(3-5)						
Breakfast(6-12)						
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)						
PM Snack(1-2)						
PM Snack(3-5)						
PM Snack(6-12)						
		•	GRAND TOTAL PRICE	: \$ <u>9600</u>		
The Marien Coun	ty School District Co	ood Service agrees to:		•		•
me <u>manon coan</u>	cy ochool bistrice i c	ou service agrees to.				
nsure meals will me	et or exceed the Ch	ild and Adult Care Foo	od Program Meal P	attern for Children	(attached).	
rovide meals in: <u>x</u>			J			
		ter or delivery	by School District	Food Service at th	e time(s) indicate	d above
rovide delivery slips			, , , , , , , , , , , , , , , , , , , ,		c cirric(s) manace	a above.
ubmit billing invoice	_		of each month t	o mailing address	provided by cent	or
•	• •	n records for a period				
		the KY CACFP, represe		=	-	
he Kentucky Office o			intatives of the 0.5	. Department of Ag	griculture, the chi	iu care center an
ie Kentucky Office C	i the hispector der	iciai.		•		
Th + C/b			.1 1			
		pay for meals based or	· · · · · · · · · · · · · · · · · · ·			
		ervice warrants meals				
neals. If for any reas	ion, this agreement	is no longer desired, e	either party may te	rminate these serv	vices with a 2 wee	ek notification.
			· A	-		
VITNESS WHEREOF,	the parties hereto I	nave caused said agree	* 17	ed by their duly au	uthorized officers	
samelal.	muss)	1/20/17	Ву:	NATIO		8/2/17
	orized Signature	Date	(3)2	Devintend	gnatu r/e Dav	Date
Wir	<i>CTM</i> Title			1 Title		<u></u>
CKCAC	Man 1 think		110	don 11the	1.4	
CICCIC.	nan san		/\/ <i>Ø</i> (/)	$\Box O \land \Box \Box \lor \Box \lor$	Wex	

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

		. Head Start (West Main		S ID: 11400		_
Contact Person: Janet Sheckles				ne No. (270) 692-21		
Address: 332 Hood Av						
Lebanon, Ky. 4	10033	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
		Service agrees to furnish	•		•	m:
	<u>30/18</u> , except for (Date)	holidays or other days of	in-operation comple	te with required (in	dicate below):	
(bate)	(Date)	paper products	condime	nts <u>x</u>	_ 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	
Breakfast(1-2)						
Breakfast(3-5)						
Breakfast(6-12)						
AM Snack(1-2)						
AM Snack(3-5)					 	
AM Snack(6-12)					 	
Lunch(1-2)	50	100	\$3.00	640-200	10.45	
Lunch(3-5)	50	128	22.00	\$19,200	10:45am	
Lunch(6-12)						
PM Snack(1-2) PM Snack(3-5)						
			·			
PM Snack(6-12)			 GRAND TOTAL PRICE	:\$ 19,200		
				. 7		
The Marion Count	<u>y</u> School District Fe	ood Service agrees to:				
				6 61111		•
		hild and Adult Care Fo	od Program Meal P	attern for Childre	n (attached).	•
Provide meals in: <u>x</u>						
•		nter or delivery	y by School District	Food Service at the	ne time(s) indicate	ed above.
Provide delivery slips	-					
Submit billing invoice		·		=	s provided by cent	
•		on records for a period		-	•	
		the KY CACFP, represe	entatives of the U.S	. Department of A	Agriculture, the chi	ild care center and
the Kentucky Office o	ιττη einspector Ge	neral.				
•	_	pay for meals based o	·			f receipt of invoice.
		Service warrants meals	•		•	•
neals. If for any reas	on, this agreemen	t is no longer desired,	either party may te	erminate these sei	rvices with a 2 wee	ek notification.
AUTNESS WHIERES	the constitution of					
ρ	tne parties hereto	have caused said agre	- 0	ted by their duly a	authorized officers	· 0/2/11
1 amela a	orized Signature	7/24/17	Ву:	Authorized S	ignature	010-11
Auth. Klereck	orized Signature <i>%</i> ሪ	Date	, Sil	Authorized S Der in Lein	dent	Date
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Title			A Tit	le ,	
CKCAC Head	Start		_lla	rion Cow	ndy	
Child (Care Center		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	School District	Food Service	