**Adult Care Food Program Meal Service Agreement**

**With District School Board/School Food Service**

|  |  |
| --- | --- |
| **Name of Sponsor/Institution: NKCAC Head Start** | **CNIPS ID: 11499** |
| **Contact Person: Crystal Noonchester** | **Phone No. 859-655-2983** |
| **Address: 13 west 7th Street Covington KY 41011** | |
| **Boone County Head Start** | |
| **3261 Maplewood Drive Burlington KY** | |

The Boone County School District School District Food Service agrees to furnish meals daily to the above adult care center for the period from: \_\_\_\_\_\_8/28/17\_\_\_\_\_ to end of school year for Boone Co. students\_\_\_\_, except for holidays or other days of in-operation comp with required (indicate below): Any days that Boone County Students are not in session there will be no meal service.

(Date) (Date)

\_\_X\_ paper products \_\_X\_\_ condiments \_\_\_\_\_\_ milk

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meal Type | 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 | 66 |  | 1.25 |  | 82.50 |
| AM Snack |  |  |  |  |  |
| Lunch | 66 |  | 2.75 |  | 181.50 |
| PM Snack | 66 |  | 1.00 |  | 66.00 |

**GRAND TOTAL PRICE:** $\_\_\_330.00\_\_\_\_

The Boone County School District Food Service agrees to:

* Ensure meals will meet or exceed the Child and Adult Care Food Program Meal Pattern for Adults (attached).
* Any special dietary needs involving additional cost of food, preparation or nutritional counseling will be negotiated on an individual basis.
* Provide meals in: \_\_X\_\_ bulk or \_\_\_\_\_unitized
* Prepare meals for: \_\_\_\_\_\_ pick up by center or \_\_X\_\_\_ delivery by School District at the time(s) indicated above.
* Provide delivery slips using the KY CACFP delivery slip form.
* Submit billing invoice for payment by the (5th) of each month to mailing address provided by center. (Holiday schedule could inter
* Maintain receipts and cost determination records for a period of 3 years after the end of the agreement period to which they pertain.

These records will be made available to the KY CACFP, representatives of the U.S. Department of Agriculture, the child care center and

the Kentucky Office of the Inspector General.

The Sponsor/Institution agrees to pay for meals based on the above unit price(s) within 30 days of receipt of invoice.

The Boone County School District Food Service warrants meals provided are safe and wholesome, but that any liability is severed upon receipt of meals. If for any reason, this agreement is no longer desired, either party may terminate these services with a 30 day notification.

IN WITNESS WHEREOF, the parties hereto have caused said agreement to be executed by their duly authorized officers.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Authorized Signature Date Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Director of Food Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Title

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NKCAC Head Start Boone County Schools Food Service