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

Name of Sponsor/Ins	stitution:			CNIPS ID:		
Contact Person	Children, In			11218		
	egina Moses			Phone No. 859 - 43	31-2075X18	7
2,00	Madison A	<i>02)</i>				
Cour		41011				
The Book Co						
v zvene	b-1-19 School	District Food Service ag	rees to furnish n	neals daily to the abov	e child care cent	er for the period from:
(Date)	(Date)	except for holidays or otl	ner days of in-ope	ration complete with re	quired (indicate b	elow):
*******			paper p	roducts	condiments	milk
Meal Type/Age	Estimated	PORTION SIZES FOR AC	177.			
Theat Type/Age		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r Total Price	Delivery or	
MinVa.	Meals Per Day	Serving Days per	Meal		Pick-up	
Breakfast(1-5)*	20 4	180			Time	
Breakfast(6-12)		100 mm	.50	1800.00		
AM Snack(1-5)*						
AM Snack(6-12)			- :			
Lunch(1-5)*		146.4600 and the control of the cont				
Lunch(6-12)						
PM Snack(1-5)*						
PM Snack(6-12)			<u>.</u>			
			GRAND TOTAL PR	ICE: \$ 1800,00		
The Barona C	rad cal	Intervention				
	Scil	ool District Food Servi	ce agrees to:			
Ensure meals will me	et or exceed the Ch	ild and Adult Care Foo	od Program Mea	l Pattern for Children	(attached)	
Provide meals in:	bulk or <u></u> ui	nitized				
Prepare meals for:	pick up by ce	nter or deliver	y by School Dist	rict Food Service at th	ne time(s) indica:	tod abovo
LIONIGE RELIVELY 21172	using the KY CACFE	' delivery slip torm or a	equivalent			ted apove.
Submit billing invoice	for payment by the	$=$ 5^{cm} .	of each month to	mailing address pro	vided by center	
wantain receipts and	cost determination	n records for a period	of 3 years after	the end of the agreen	nont moded by	hìch thou nortain
masa records will be	mane available to t	ne KY CACEP, represei	ntatives of the L	.S. Department of Ag	riculture, the ch	ld care center and
the Kentucky Office of	f the Inspector Gen	eral.		,	er and an	id care center and
The Commercial of the state of						
The Book Could	agrees to pay for m	eals based on the abo	ve unit price(s)	within <u>36</u> da	ys of receipt of	nvoice,
TO TOTAL COLUMN T	2011001 DISELLE FOO	U Service Warrants me	sale provided as	s and a manufacture of a con-		
receipt of meals. If for a	ny reason, this agre	ement is no longer de	sired, either pai	ty may terminate the	se services with	a 2 week notification.
IN WITNESS WHEREOF, to	Ala J.	ave caused said agree		cuted by their duly au	thorized officers.	
Autho	rized Signature	Date	Ву:	Authority of Ct		·
USDA. Food	Coordinate)R	·	Authorized Sigr	nature	Date
Children,	Title			Title		1100-1100
Child Ca	are Center			School District Fo	od Service	

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1	Name of Sponsor/Institution; Children, Tuc, Contact Person:				CNIPS ID: /12/8		
Regina Moses			Pho	Phone No. 859-431- 2075 X18			
	33 Madison	Ave		001 70	F 20/3 X10		
	Wington, Ky	41011					
_ ElPenhe	أساخك أأ						
The Cong (untySchool	District Food Service age	rees to furnish mos	de doille to the ot			
8-15-18 to	10-(-19)	except for holidays or ot	her days of in-operat	ion complete with n	e child care center fo	r the per	
(Date)	(Date)				-danea funicate p610M);	
*AGES 1-5	MEALS BASED ON F	PORTION SIZES FOR A	paper pro	ducts	_ condiments	_/_ mi	
Meal Type/Age	Estimated	Estimated No. of	Unit Price per	- Table		·	
	Total No. of	Serving Days per	Meal	Total Price	Delivery or		
MIK		Year	A Committee		Pick-up		
Breakfast(1- 5)*	20 +	180	.50	1.22.	Time		
Breakfast(6-12) 🤃			100	1800.00			
AM Snack(1-5)*							
M Snack(6-12)		G (8 0) (8 0)					
unch(1-5)*							
unch(6-12)	Transfer of the second						
'M Snack(1-5)*							
M Snack(6-12)	The province of the state of						
			GRAND TOTAL PRICE	\$ 1800.00			
isure meals will me ovide meals in: epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts and ese records will be e Kentucky Office o	et or exceed the Ch bulk or ur pick up by ce using the KY CACFP for payment by the cost determination made available to the firm of the inspector General	ild and Adult Care Foon nitized nter or deliver delivery slip form or e on records for a period of the KY CACFP, represer	d Program Meal Pa y by School District equivalent. If each month to m of 3 years after the statives of the U.S.	Food Service at the address provent of the agreen Department of Ag	ne time(s) indicated a		
sure meals will me ovide meals in:epare meals for:epare meals for:epare meals for:epare meals for:epare delivery slips book book book book book book book boo	et or exceed the Ch bulk or ur ur pick up by ce using the KY CACFP for payment by the cost determination made available to ti f the inspector Gene agrees to pay for me (School District Fool ny reason, this agre-	ild and Adult Care Foon nitized nter or deliver delivery slip form or e on records for a period of he KY CACFP, represer eral. eals based on the about d Service warrants me ement is no longer deserver.	d Program Meal Party by School District equivalent. If each month to more after the statives of the U.S. We unit price(s) with als provided are sasted, either party in the stative of the U.S.	ailing address protent and of the agreen Department of Agricultus and the agreen and wholesome and terminate the	ne time(s) indicated a vided by center. Thent period to which riculture, the child canys of receipt of invoice, but that any liability se services with a 2 w	they peri re center	
asure meals will me ovide meals in: epare meals for: ovide delivery slips bmit billing invoice eintain receipts and ese records will be kentucky Office of ponsor/Institution of meals. If for a full of meals. If for a full of meals. If for a full of meals.	et or exceed the Ch bulk or ur pick up by ce using the KY CACFP for payment by the cost determination made available to the fithe inspector Gene agrees to pay for me School District Fool ny reason, this agree the parties hereto he pixed Signature	ild and Adult Care Foon hitized nter or deliver delivery slip form or e on records for a period of he KY CACFP, represer eral.	d Program Meal Party by School District equivalent. If each month to more after the statives of the U.S. We unit price(s) with als provided are sasted, either party in the stative of the U.S.	ailing address prodend of the agreen Department of Agnindafe and wholesome may terminate the	ne time(s) indicated a vided by center. nent period to which riculture, the child canys of receipt of invoice, but that any liability se services with a 2 whorized officers.	they peri re center	
epare meals for: _ ovide delivery slips bmit billing invoice aintain receipts and ese records will be e Kentucky Office o ponsor/institution bt of meals. If for a ENESS WHEREOF, t Autho SDA Food	bet or exceed the Ch bulk or ur pick up by ce using the KY CACFP for payment by the cost determination made available to to f the Inspector Gene School District Food ny reason, this agre he parties hereto ha	ild and Adult Care Foontized nter or deliver delivery slip form or e on records for a period of the KY CACFP, represer eral. eals based on the about d Service warrants me ement is no longer des ave caused said agreer	d Program Meal Party by School District quivalent. If each month to moof 3 years after the statives of the U.S. If each month to moof a years after the statives of the U.S. If each month to moon and the same are same as a sired, either party in ment to be execute	Food Service at the ailing address provend of the agreen Department of Agricultus and the and wholesome may terminate the downward by their duly autonized Sign	ne time(s) indicated a vided by center. nent period to which riculture, the child canys of receipt of invoice, but that any liability se services with a 2 whorized officers.	they peri re center	
nsure meals will me ovide meals in:epare meals for:ovide delivery slips bmit billing invoice aintain receipts and ese records will be exentucky Office of ponsor/Institution of meals. If for all the following the following Manne and Authory of Manne and Manne	et or exceed the Ch bulk or ur pick up by ce using the KY CACFP for payment by the cost determination made available to to f the inspector Gene agrees to pay for made available sort of the inspector for made available agrees to pay for made as a payment for made available agrees to pay for made as a payment for made available agrees to pay for made as a payment for many reason, this agree the parties hereto had a payment for many reason.	ild and Adult Care Foontized nter or deliver delivery slip form or e on records for a period of the KY CACFP, represer teral. eals based on the above d Service warrants me the ement is no longer deserved. ave caused said agreer	d Program Meal Party by School District quivalent. If each month to moof 3 years after the statives of the U.S. If each month to moof a years after the statives of the U.S. If each month to moon and the same are same as a sired, either party in ment to be execute	ailing address prodend of the agreen Department of Agnindafe and wholesome may terminate the	ne time(s) indicated a vided by center. nent period to which riculture, the child canys of receipt of invoice, but that any liability se services with a 2 whorized officers.	they peri re center ce. / is seven reek notif	