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

| | 11_00_00 | | Phone No. (270) 692-2136 | | | | |
|---------------------------|-------------------------------------|---------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|--|
| Contact Person: Amy | Hagan amy.hagan(| 9 | | | | | |
| Address: 332 Hood A | venue P.O. Box 830 | | | | | | |
| Lebanon Ky. 40033 | | | | | | | |
| The Marien County | School District Ford | onico paras ta familia | المسالح المسام | ahawa al-UJ | u fau tha and a | | |
| | | Service agrees to furnish mage. | | | | | |
| (indicate below): | 10 03/30/22 | except for floriday | is of other day | s of in-operation con | ipiete with required | | |
| (Date) | (Date) | | | | | | |
| | , <i>i</i> | paper prod | ucts | condiments | x milk | | |
| | | | X 0-0-0-0 | ************************************** | | | |
| Meal Type/Age | Estimated Total | Estimated No. of | Unit Price pe | r Total Price | Delivery or | | |
| | No. of Meals Per | Serving Days per Year | Meal | | Pick-up Time | | |
| | Day | | | | | | |
| Breakfast(1-2) | | | | | | | |
| Breakfast(3-5) | | | | | | | |
| Breakfast(6-12) | | | | | | | |
| AM Snack(1-2) | | | | | | | |
| AM Snack(3-5) | | | | | | | |
| AM Snack(6-12) | | | | | | | |
| Lunch(1-2) | 8 | 144 | \$3.75 | \$4,320 | 10:45am | | |
| Lunch(3-5) | 72 | 144 | \$3.75 | \$38,880 | 10:45am | | |
| _unch(6-12) | | | | | | | |
| PM Snack(1-2) | | | | | | | |
| PM Snack(3-5) | | | | | | | |
| PM Snack(6-12) | | | | | | | |
| | GRAND TOTAL PRICE: \$ 43,200 | | | | | | |
| | | | | | | | |
| The <u>Marion County</u> | School District Food | d Service agrees to: | | | | | |
| | | | | | | | |
| nsure meals will meet | or exceed the Child | and Adult Care Food Prog | ram Meal Patter | n for Children (attache | d). | | |
| rovide meals in: <u>x</u> | bulk orunit | ized | | | | | |
| repare meals for:x | pick up by cent | er or delivery by S | chool District Fo | ood Service at the time | s) indicated above. | | |
| rovide delivery slips u | sing the KY CACFP de | elivery slip form. | | | | | |
| | | 5 th of ea | ach month to ma | ailing address provided | hy center | | |
| | 10 1301 - 12 | ecords for a period of 3 year | | | | | |
| | | | | | 15 ST | | |
| | | KY CACFP, representatives | s of the 0.5. Dep | partment of Agriculture | , the child care cente | | |
| ne Kentucky Office of | the inspector Genera | 11. | | | | | |
| | | | | | | | |
| | | s based on the above unit | (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | receipt of invoice. | | |
| Marion County Scho | ol District Food Servi | ce warrants meals provide | ed are safe and v | wholesome, but that an | y liability is severed | | |
| ipt of meals. If for an | y reason, this agreen | nent is no longer desired, e | either party may | terminate these service | es with a 2 week | | |
| fication. | | | | | | | |
| VITNESS WHEREOF, th | e parties hereto have | e caused said agreement t | o be executed b | y their duly authorized | officers. | | |
| Jannos | Starley | 5/2/1/2021 By: | | · Commence of the comment of the com | | | |
| Author | ized Signature | 1 Date | , | Authorized Signature | Date | | |
| Heads | start Dir | cetor | , | | Dute | | |
| 1 / 1/1.7 | Title // | 101 | | Title | | | |
| ntray KY | CAC Heed | ed Star7 | | 0.0000000 | | | |
| Child Ca | re Center | | Sc | hool District Food Servi | ice | | |

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

| Contact Person: Amy | y Hagan amy.hagan@ | @ckyhs.org | Pho | ne No. (270) 692-21 | + | |
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| Address: 332 Hood A | Avenue P.O. Box 830 | | | | | |
| Lebanon Ky. 4 | 10033 | | | | | 1 |
| and the second s | 20120201 (300200 to H | | | | | 1 |
| The <u>Marion County</u> | _School District Food | Service agrees to furnis | h meals daily to the a | bove child care cen | ter for the period fro | הw: ח |
| | | r holidays or other days o | of in-operation comp | lete with required (i | ndicate below): | |
| (Date) | (Date) | paper products | condi | ments 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) | 3.0 | 444 | 62.75 | 640 440 00 | 10.45 | |
| Lunch(3-5) | 36 | 144 | \$3.75 | \$19,440.00 | 10:45am | |
| Lunch(6-12) | | | | | | |
| PM Snack(1-2) | | | | | | |
| PM Snack(3-5) PM Snack(6-12) | | | | | | |
| FIVI SHACK(0-12) | | | GRAND TOTAL PRICE | : \$ 19.440.00 | | |
| | | | 011/11/2017/12/11/102 | 13,110.00 | | |
| The <u>Marion Cour</u> | nty School Distr | rict Food Service agree | es to: | | | |
| | | | | | N | |
| | | hild and Adult Care Fo | od Program Meal P | attern for Childre | n (attached). | |
| The Cirilia | x bulk or | | | | | |
| repare meals for: _ | | | ery by School Distr | ict Food Service a | t the time(s) indica | ted above. |
| 100 March 100 Ma | | P delivery slip form. | | | | |
| | e for payment by th | | | | s provided by cente | |
| | | on records for a period | | | | |
| | | the KY CACFP, represe | entatives of the U.S | s. Department of A | Agriculture, the chi | id care center an |
| ie kentucky Office | of the Inspector Ge | nerai. | | | | |
| Spansor/Institution | a agrees to pay for | meals based on the ab | ovo unit prico(s) w | ithin 20 | days of receipt of | of invoice |
| | | ervice warrants meals | | | | |
| | | greement is no longer | 1. | 50 | | 51 |
| eipt of fileais. If for | arry reason, this ag | reement is no longer | desired, either part | ly may terminate | illese sei vices with | a 2 week notine |
| VITNES WHEREOE | the narties hereto | have caused said agre | ement to he evecu | ted by their duly : | authorized officers | |
| Vannes | A last les liereto | Salu agre | | ited by their duly a | authorized officers | • |
| | horized Signature | Date | Ву: | Authorized Signature | | |
| HeadS | tart Direc | ctor | | | | Date |
| | V ^{Title} M - 11 | 10-1- | | Tit | le | |
| 'entral h | 1 CHC He | ad Start | | | | |
| Child | Care Center | | | School District | Food Service | |