

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

Name of Sponsor/Institution: Central Ky Head Start (Lebanon Head Start)	CNIPS ID: 11400
Contact Person: Nicole Burchell (nicole.smith@ckyhs.org)	Phone No.: (270) 692-2136
Address: 332 Hood Avenue, Lebanon, KY 40033	

The Marion County School District Food Service agrees to furnish meals daily to the above childcare center for the period from: 8/1/22 to 9/30/23, except for holidays or other days of in-operation complete with required (indicated below):

_____ paper products _____ condiments ____X____ 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)					
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	10:45 am
Lunch(3-5)	72	144	\$ 3.75	\$ 38,880	10:45 am
Lunch(6-12)					
PM Snack(1-2)					
PM Snack(3-5)					
PM Snack(6-12)					

The Marion County School District Food Service agree to:

- Ensure meals will meet or exceed the Child and Adult Care Food Program Meal Pattern for Children (attached).
- Provide meals in: ____X____ bulk or _____ unitized
- Provide meals for: ____X____ pick up by center or _____ delivery by School District Food Service at the time(s) indicated above.
- Provide delivery slips using the KY CACFP delivery slip form.
- Submit billing invoice payment by the ____5th____ of each month to the mailing address provided.
- 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, representative of the U.S. Department of Agriculture, the childcare 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 Bethlehem High School District Food Service warrants meals provided are safe and wholesome, but that are 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 2-week notification.

In witness whereof, the parties hereto have caused said agreement to be executed by their duly authorized officers.

By: *Janmy J. Stanley* 6/7/22

 Authorized Signature Date
Head Start Director

 Title
Central Ky CAC Head Start

 Child Care Center

By: _____

 Authorized Signature Date

 Title

 School District Food Service

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

Name of Sponsor/Institution: Central Ky Head Start (West Main Head Start)	CNIPS ID: 11400
Contact Person: Nicole Burchell (nicole.smith@ckyhs.org)	Phone No.: (270) 692-2136
Address: 332 Hood Avenue, Lebanon, KY 40033	

The Marion County School District Food Service agrees to furnish meals daily to the above childcare center for the period from: 8/1/22 to 9/30/23, except for holidays or other days of in-operation complete with required (indicated below):

_____ paper products _____ condiments ____X____ 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)					
Breakfast(3-5)					
Breakfast(6-12)					
AM Snack(1-2)					
AM Snack(3-5)					
AM Snack(6-12)					
Lunch(1-2)					
Lunch(3-5)	36	144	\$ 3.75	\$19,440	10:45am
Lunch(6-12)					
PM Snack(1-2)					
PM Snack(3-5)					
PM Snack(6-12)					

The Marion County School District Food Service agree to:

- Ensure meals will meet or exceed the Child and Adult Care Food Program Meal Pattern for Children (attached).
- Provide meals in: ____X____ bulk or _____ unitized
- Provide meals for: ____X____ pick up by center or _____ delivery by School District Food Service at the time(s) indicated above.
- Provide delivery slips using the KY CACFP delivery slip form.
- Submit billing invoice payment by the ____5th____ of each month to the mailing address provided.
- 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, representative of the U.S. Department of Agriculture, the childcare 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 Bethlehem High School District Food Service warrants meals provided are safe and wholesome, but that are 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 2-week notification.

In witness whereof, the parties hereto have caused said agreement to be executed by their duly authorized officers.

By: *Jammy J. Stanley* 6/7/22

 Authorized Signature Date
Head Start Director

 Title
Central Ky CAC Head Start

 Child Care Center

By: _____

 Authorized Signature Date

 Title

 School District Food Service